

Parent/Guardian Name: _____

Address: _____

Email: _____

Phone: _____

Please list all children that will be attending Trojan Summer Care.

Child's Name	Birthdate	Age	Gender

Activities that will be offered:

*Melbourne Pool (Mondays and Thursdays) (\$3 per time, or contact pool for season pass) *Gutekunst Library Program (FREE!) *State Center Splash Pad & Park *STEAM & Literacy Activities *Rest Time

5 Days	\$140.00	
4 Days	\$120.00	
3 Days	\$95.00	
2 Days	\$70.00	
1 Day	\$35.00	
Drop-In	\$40.00	

*Drop-In requires 24 hour notice and available based on staffing.

Mark the days each week your child(ren) will be attending:

M____T___W___TH___F____

Trojan Summer Care will be available from June 1 to August 13.

Indicate the weeks of programming that your child will be attending, due to vacations, etc. Please note that Trojan Summer Care will be **CLOSED** Monday, July 5th.

June 1st- June 4th	July 12th- July 16th
June 7th- June 11th	July 19th-July 23rd
June 14th-June 18th	July 26th-July 30th
June 21st- June 25th	Aug 2nd-Aug 6th
June 28th- July 2nd	Aug 9th-Aug 13th
July 6th- July 9th	

Please initial to indicate that you have read the statements below.

_____ I agree to complete all forms required prior to my child attending.

_____ I understand that I am responsible for payment for all weeks indicated in the above schedule.

_____ My child(ren) will be picked up by 6:00 PM, or I may pay additional charges.

_____ I understand that I am required to sign my child(ren) in and out at drop-off and pick-up.

_____ I understand that my child(ren) will be required to follow PBIS expectations while attending Trojan Summer Care. The Director and/or On-Site Supervisor have the discretion to prohibit my child from attending due to behavior.

_____ Payment is due on the first day of the week your child(ren) attends each week. There will be a drop box for payments, or you can pay online through JMC (A fee does apply.)

_____ If payment is 1 day late, child(ren) are not allowed to attend until payment is received or arrangements are made with the Superintendent's Office.

Signature of Parent/Guardian

Date

Signature of Director

Date

Contact Lori Shaffar at lshaffar@wmcsd.org with questions.