

New Life Summer Day Camp

Child's Name: _____

Signature of Parent/ Guardian: _____

Date: _____

I want to enroll my child in the New Life Summer Camp Day Program and understand the payment and lunch requirements. Once my decision has been selected, I will not be able to make changes for both care and or lunch selections due to facility staffing and camper enrollment.

_____ 3 days per week \$120.00 **NO LUNCH**

_____ 4 days per week \$140.00 **NO LUNCH**

_____ 5 days per week \$155.00 **NO LUNCH**

_____ 3 days per week \$135.00 Lunch ordered out (Wednesday, Thursday, Friday)

_____ 4 days per week \$155.00 Lunch ordered out (Wednesday, Thursday, Friday)

_____ 5 days per week \$170.00 Lunch ordered out (Wednesday, Thursday, Friday)