

Summer Team 7-12 year old Day Camp Registration



Dates: May 30 - August 11, 7:00am to 6:00pm **Location:** Secret Youth & Teen Center
6820 W 66th Ave, Arvada

5 Day Weekly Fee: Resident \$150 for 1 child, \$125 2nd child (Non-Resident \$160 1 child, \$135 2nd child)
Discount: Get 11 weeks for the price of 10. Resident \$1470 (Non-Resident \$1560). **NO cancellations or refunds with this option!**
3 Day Weekly Fee: Resident \$110 for 1 child, \$100 2nd child (Non-Resident \$120 1 child, \$110 2nd child)
Discount: Get 11 weeks for the price of 10. Resident \$1100 (Non-Resident \$1200). **NO cancellations or refunds with this option!**
(NO second child discount with this option!)

Please initial below to acknowledge understanding:

There is a \$50 non-refundable deposit, per week, per child.
No cancellations for the 11 for 10 option or refund of deposits!

Household Name: _____
Address: _____ **Phone:** _____
Email: _____
Child Name: _____ **Additional Child:** _____

- | <u>Monday thru Friday</u> 7am - 6pm | <u>Tuesday, Thursday, Friday</u> 7am - 6pm | <u>Monday, Wednesday, Friday</u> 7am - 6pm |
|---|--|--|
| <input type="checkbox"/> Camp #1 (312140-01) May 30th - 2nd | <input type="checkbox"/> 3 Days #1 (312141-01) May 30th, 1st, 2nd | <input type="checkbox"/> 3 Days #1 (312142-01) May 31st, Jun 2 |
| <input type="checkbox"/> Camp #2 (312140-02) June 5th-9th | <input type="checkbox"/> 3 Days #2 (312141-02) June 6th, 8th,9th | <input type="checkbox"/> 3 Days #2 (312142-02) June 5th, 7th, 9th |
| <input type="checkbox"/> Camp #3 (312140-03) June 12th-16th | <input type="checkbox"/> 3 Days #3 (312141-03) June 13th, 15th,16th | <input type="checkbox"/> 3 Days #3 (312142-03) June 12th, 14th,16th |
| <input type="checkbox"/> Camp #4 (312140-04) June 19th - 23rd | <input type="checkbox"/> 3 Days #4 (312141-04) June 20th, 22nd, 23rd | <input type="checkbox"/> 3 Days #4 (312142-04) June 19th, 21st, 23rd |
| <input type="checkbox"/> Camp #5 (312140-05) June 26th - 30th | <input type="checkbox"/> 3 Days #5 (312141-05) June 27th, 29th, 30th | <input type="checkbox"/> 3 Days #5 (312142-05) June 26th, 28th, 30th |
| <input type="checkbox"/> Camp #6 (312140-06) July 3rd - 7th | <input type="checkbox"/> 3 Days #6 (312141-06) July 6th, 7th | <input type="checkbox"/> 3 Days #6 (312142-06) July 3rd, 5th, 7th |
| <input type="checkbox"/> Camp #7 (312140-07) July 10th - 14th | <input type="checkbox"/> 3 Days #7 (312141-07) July 10th,12th,14th | <input type="checkbox"/> 3 Days #7 (312142-07) July 10th, 12th, 14th |
| <input type="checkbox"/> Camp #8 (312140-08) July 17th - 21st | <input type="checkbox"/> 3 Days #8 (312141-08) July 18th, 20th, 21st | <input type="checkbox"/> 3 Days #8 (312142-08) July 17th, 19th, 21st |
| <input type="checkbox"/> Camp #9 (312140-09) July 24th - 28th | <input type="checkbox"/> 3 Days #9 (312141-09) July 25th, 27th, 28th | <input type="checkbox"/> 3 Days #9 (312142-09) July 24th, 26th, 28th |
| <input type="checkbox"/> Camp #10 (312140-10) July 31st-Aug 4th | <input type="checkbox"/> 3 Days #10 (312141-10) Aug 1st, 3rd, 4th | <input type="checkbox"/> 3 Days #10 (312142-10) Jul 31st, Aug 2nd, 4th |
| <input type="checkbox"/> Camp #11 (312140-11) Aug 7th - 11th | <input type="checkbox"/> 3 Days #11 (312141-11) Aug 8th, 10th, 11th | <input type="checkbox"/> 3 Days #11 (312142-11) Aug 7th, 9th, 11th |

For Office Use Only: _____ **Date Processed:** _____ **Initials:** _____

APEX PARK AND RECREATION DISTRICT
Apex Simms Street Center 303-467-7120
11706 W. 82nd Ave., Arvada, CO 80005
Automatic Payment Release Form 2017

Child's Name: _____ HF#: _____
 Camp child is attending: _____
 Name of Parent or Guardian: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work/Emergency Phone: _____
 Visa MasterCard Discover AmEx

Charge #: _____ Exp. Date: _____

Name on Card: _____

I authorize Apex Park and Recreation District to charge my account, as listed above, for the scheduled payment for summer camp my child is currently registered in. I understand that the weekly payment is due on the date listed on the Billing & Payment Chart and will be charged at that time unless withdrawn from camp or my notification to cancel this authorization. Please return this form for your first and subsequent payments to Apex Park and Recreation District, 11706 W. 82nd Ave, Arvada, CO 80005.

Signature: _____ Date: _____

Scheduled billing dates:
 The Thursday prior to selected week of camp.

Should your payment be declined 2 times, a \$10 processing fee will be charged to your account for any additional returns. After the 3rd return, we reserve the right to remove your child from the program.

Signature: _____ Date: _____

Summer Team 7-12 year old Day Camp Registration

Dates: May 30-August 11, 7 am-6 pm **Location:** Secret Youth & Teen Center, 6820 W 66th Ave, Arvada

4 Day Weekly Fee: Resident \$135 for 1 child, \$125 2nd child (Non-Resident \$145 1 child, \$135 2nd child)
Discount: Get 11 weeks for the price of 10. Resident \$1317 (Non-Resident \$1417). **NO cancellations or refunds with this option!**
(NO second child discount with this option!)

Please initial below to acknowledge understanding:

There is a \$50 non-refundable deposit, per week, per child.
No cancellations for the 11 for 10 option or refund of deposits!

Household Name: _____
Address: _____ **Phone:** _____
Email: _____
Child Name: _____ **Additional Child:** _____

- Monday thru Thursday** 7 am-6 pm
- Camp #1 (312144-01) May 30-1
 - Camp #2 (312144-02) June 5-8
 - Camp #3 (312144-03) June 12-15
 - Camp #4 (312144-04) June 19-22
 - Camp #5 (312144-05) June 26-29
 - Camp #6 (312144-06) July 3-6
 - Camp #7 (312144-07) July 10-13
 - Camp #8 (312144-08) July 17-20
 - Camp #9 (312144-09) July 24-27
 - Camp #10 (312144-10) July 31-Aug. 3
 - Camp #11 (312144-11) Aug. 7-10

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