

People's Institute

38 Gothic Street
Northampton, MA 01060
Phone: (413) 584-8313
Fax: (413) 584-2851
office@pichildcare.com

Summer Camp Registration Form

Please fill out this form and submit it with a \$20.00 non-refundable registration fee.

Child's Information

Name _____

Date of Birth ____/____/____ Age at start of camp (5-10yrs) _____

Has your child attended PI camp before? Y / N

Special Medical Information and Considerations: _____

Tuition:

Full Day (8:30-5:00) \$165.00 per week

Mornings only (8:30-12:30) or Afternoons only (12:30-5:00) \$115.00 per week

Early Morning (7:30-8:30) \$10.00 per day

We no longer have afternoon extended care. Every 15 minutes late you will be charged \$25 per child

| | |
|--------------------------------|--|
| Week 1: 6/25 - 6/29 | <input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Early |
| Week 2: 7/2 - 7/6 (closed 7/4) | <input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Early |
| Week 3: 7/9 - 7/13 | <input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Early |
| Week 4: 7/16 - 7/20 | <input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Early |
| Week 5: 7/23 - 7/27 | <input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Early |
| Week 6: 7/30 - 8/3 | <input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Early |
| Week 7: 8/6 - 8/10 | <input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Early |
| Week 8: 8/13 - 8/17 | <input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Early |
| Week 9: 8/20 - 8/24 | <input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Early |

Guardian's Information

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Guardian's Signature _____ Date _____

How did you hear about us? _____