



2020 LITTLE OWLS (for preschool 3 & 4 year olds)

Held at the Richard F. Blake Children's Center
65 Horsehill Road, Cedar Knolls, NJ 07927

Grade in
September
2020

PRE-K

No Lunch
Option

PLEASE PRINT ALL ITEMS CLEARLY

Camper Name : _____

Birth Date: _____ Male / Female (Circle One)

School : _____ Home Phone: _____ Grade in 9/2020: _____

Home Address: _____
(Street) (City) (Zip)

CAMP HOURS: 8AM-6PM

	5 DAYS	4 DAYS	3 DAYS	Weekly Schedules are FINAL and may NOT be Switched *	7:15AM Early Drop Off \$35/week
GMY Member Rate before 4/30:	\$340	\$300	\$250		
GMY Sibling Rate before 4/30:	\$330	\$290	\$240		
Non-Member Rate before 4/30:	\$345	\$305	\$255		
SESSION DATES: Non-Member Sibling Rate before 4/30:	\$335	\$295	\$245		

Week	5 DAYS	4 DAYS	3 DAYS	Weekly Schedule	Drop Off
Week 1: June 22nd - June 26th (NO CAMP THIS WEEK)	**** NO CAMP AVAILABLE THIS WEEK ****				
Week 2: June 29th - July 3rd	No Camp 7/3	<input type="checkbox"/>	<input type="checkbox"/>	M T W T --	<input type="checkbox"/>
Week 3: July 6th - July 10th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>
Week 4: July 13th - July 17th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>
Week 5: July 20th - July 24th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>
Week 6: July 27th - July 31st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>
Week 7: August 3rd - August 7th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>
Week 8: August 10th - August 14th	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>
Week 9: August 17th - August 21st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	M T W T F	<input type="checkbox"/>

NO CHANGES POLICY ACKNOWLEDGEMENT

* I agree to the above schedule and understand that NO changes are permitted.

Parent / Guardian Name (Printed): _____ Signature: _____

PARENT / GUARDIAN INFORMATION - PLEASE PRINT CLEARLY

Parent / Guardian 1 Name: _____ Cell #: _____

Email: _____ Work #: _____

Parent / Guardian 2 Name: _____ Cell #: _____

Email: _____ Work #: _____

LATE PICK-UP FEE ACKNOWLEDGEMENT

After 6:00 PM, a late fee of \$30.00 for every 15 minutes per child will be charged for those Campers not picked up. *I have read and understand the registration policies.*

Parent / Guardian Name (Printed): _____ Date: _____

Parent / Guardian Name (Signature): _____

CAMP FEES - OFFICE USE ONLY

PLEASE SELECT ONE OF THE OPTIONS BELOW:

- CASH
- CHECK CHECK # _____
- CHARGE RECEIPT # _____

TOTAL WEEKLY FEES: \$ _____

DEPOSIT AMOUNT: \$ _____
(50% of Total Weekly Fees)

BALANCE DUE: \$ _____

STAFF INITIALS:

PLEASE EMAIL ALL QUESTIONS TO: INFO@GMYZONE.ORG

PLEASE NOTE: NO CREDITS OR REFUNDS ARE GIVEN FOR CANCELLATIONS. A \$50 REGISTRATION FEE IS REQUIRED FOR ALL CAMPERS. HEALTH RECORDS **MUST** BE SUBMITTED TWO WEEKS PRIOR TO THE FIRST DAY OF CAMP.