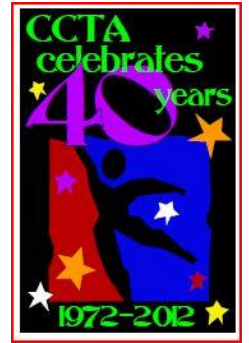


# CCTA 2012 Performing Arts Camp

## Before & After Care at St. John's Parish Day School



Camper's Name: \_\_\_\_\_ : Boy\_\_\_ Girl\_\_\_

Grade Entering in Fall 2012: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

1<sup>st</sup> Parent/Guardian: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

**Before Care 7:30-9:00am                      After Care 3:30-5:30pm**  
*CCTA Staff will escort campers to and from Before & After Care*  
***Please note that failure to pick up your child promptly at 5:30pm***  
***will result in additional fees at the rate of \$15 per quarter hour.***

DATES	Before Care	After Care	Session Cost Total
6/18-6/22	\$45.00	\$60.00	
6/25-6/29	\$45.00	\$60.00	
7/2-7/6*	\$36.00	\$48.00	
7/9-7/13	\$45.00	\$60.00	
7/16-7/20	\$45.00	\$60.00	

TOTAL COST FOR ALL SESSIONS (Add up all sessions): \$ \_\_\_\_\_

BALANCE DUE: \$ \_\_\_\_\_

MAKE CHECKS PAYABLE TO "CCTA" and return to 6655 Dobbin Road, Unit #4, Columbia, MD 21045.

QUESTIONS? Contact CCTA at 410-381-0700 or Carmen@CCTArts.com

I request that my child be registered with St. John's Parish Day School for Before and After Care as indicated above. I understand that this form is only for the weeks listed. I also understand that I need to have a separate Camp Emergency Card, Camp Photo Release Form and Camp Health Form for my child on file with St. John's before the beginning of camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_