



AfterDaze

Request/ Registration Form

Camper Name(s): _____

Please check off the days you would like to register for AfterDaze (4pm- 5pm). Cost is \$5/ day, up to a total of \$25 for the week. Campers will be supervised by a counsellor and/or volunteer.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK 1	July 4	July 5	July 6	July 7	July 8
WEEK 2	July 11	July 12	July 13	July 14	July 15
WEEK 3	July 18	July 19	July 20	July 21	July 22
WEEK 4	July 25	July 26	July 27	July 28	July 29

Please place a checkmark on the dates you are requesting for AfterDaze care for your child(ren).

By Signing below, I understand that AfterDaze runs from 4pm-5pm shape. I acknowledge that SummerDaze is not responsible for my son/daughter outside of the hours registered above. I understand that all details and expectations and permission signed on main camper registration form applies to AfterDaze as well.

Parent/ Guardian Signature: _____

Date: _____

For Office Use Only

Total "AfterDaze" Days _____ (x 45, up to \$25) = \$ _____

Amount Received: \$ _____

Method of Payment: Cash Cheque

Staff Initial: _____

Cheque No: _____