

One form per child

School's Out Summer Program

For children entering grades 7-9

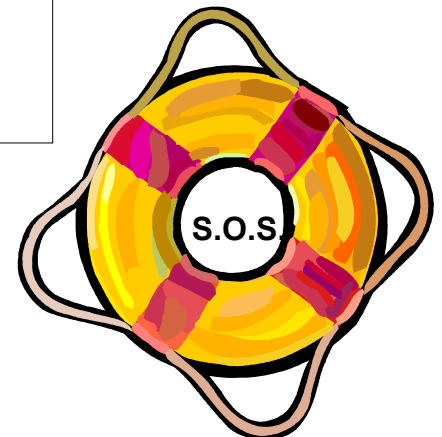
Get Youth Moving, LLC, PO Box 581, Andover, MA 01810
 Telephone: 978-857-2687

child's name: first, middle initial, last	age/grade	date of birth
street address, town, zip code	home telephone	mom's cell phone
parents' names	dad's cell phone	
parent's email address		

Please circle the days you will be attending the program. The whole summer is 5 weeks or more and half the summer is 4 weeks or less.

Week 1	Jun 30-Jul 3	m	t	w	th	x	Program Cost: Whole Summer: \$875 Half Summer: \$500 Total: _____
Week 2	July 7-11	m	t	w	th	f	
Week 3	July 14-18	m	t	w	th	f	
Week 4	July 21-25	m	t	w	th	f	
Week 5	July 28-Aug 1	m	t	w	th	f	
Week 6	August 4-8	m	t	w	th	f	
Week 7	August 11-15	m	t	w	th	f	

Payment method, please circle:
 Cash or Check (payable to Get Youth Moving, LLC)



In accordance with 105 CMR 430.190 (C) "This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local board of health."