

School's Out Summer Program

For children entering grades PreK-6

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

Prices below reflect the 4/1/15 increase.

_____ / _____ / _____
 child's name: first, middle initial, last age/grade date of birth

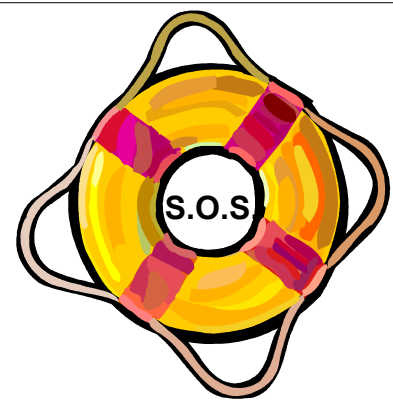
_____ / _____ / _____
 street address, town, zip code home telephone mom's cell phone

_____ / _____ / _____
 parents' names dad's cell phone

Mini Mates Ages 3-6 (please check) parent's email address _____

_____ Week 1	Mon-Fri	Jun 29-Jul 3	\$125
_____ Week 2	Mon-Fri	July 6-10	\$125
_____ Week 3	Mon-Fri	July 13-17	\$125
_____ Week 4	Mon-Fri	July 20-24	\$125
_____ Week 5	Mon-Fri	July 27-31	\$125
_____ Week 6	Mon-Fri	Aug 3-7	\$125
_____ Week 7	Mon-Fri	Aug 10-14	\$125

Mini Mates Total



Sea Dogs Entering K-6

	5 days	4 days	3 days
Please check: <input type="checkbox"/>	\$260/wk	\$240/wk	\$210/wk
<input type="checkbox"/>	multiple wks. \$240/wk		
(check weeks)	(circle)	(circle days)	(circle days)
_____ Jun 29-Jul 3	mon-fri	m t w th f	m t w th f
_____ July 6-10	mon-fri	m t w th f	m t w th f
_____ July 13-17	mon-fri	m t w th f	m t w th f
_____ July 20-24	mon-fri	m t w th f	m t w th f
_____ July 27-31	mon-fri	m t w th f	m t w th f
_____ August 3-7	mon-fri	m t w th f	m t w th f
_____ August 10-14	mon-fri	m t w th f	m t w th f

Program Cost	Extended Care	
8:30-4:30 (see prices)	7:30-8:30 (\$5/day)	4:30-5:30 (\$5/day)
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
(program costs)	+ (extended care cost)	
\$ _____	+ \$ _____	+ \$ _____

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."

Sea Dogs total \$ _____

Mini Mates total _____
 Sea Dogs total _____