

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

Form must be post-marked by 3/31/19 to secure discount prices listed below. Prices will increase beginning 4/1/19.

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

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

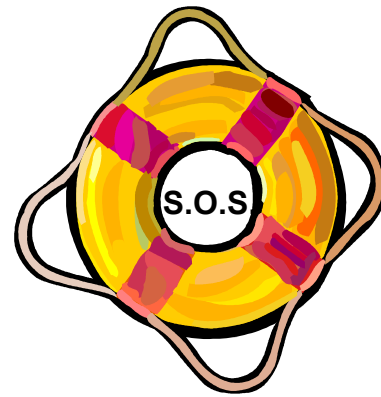
parents' names _____ dad's cell phone _____

Mini Mates Ages 3-6 (please check)

parent's email address _____

_____ Week 1	MTW	July 1-3	\$105
_____ Week 2	Mon-Fri	July 8-12	\$175
_____ Week 3	Mon-Fri	July 15-19	\$175
_____ Week 4	Mon-Fri	July 22-26	\$175
_____ Week 5	Mon-Fri	July 29-Aug 2	\$175
_____ Week 6	Mon-Fri	Aug 5-9	\$175

_____ **Mini Mates Total**



Sea Dogs Entering K-6

	5 days	4 days	3 days
Please check:	<input type="checkbox"/> \$275/wk	<input type="checkbox"/> \$255/wk	<input type="checkbox"/> \$225/wk
	<input type="checkbox"/> multiple wks. \$255/wk		
(check weeks)	(circle)	(circle days)	(circle days)
_____ July 1-3	NA	NA	m t w x x
_____ July 8-12	mon-fri	m t w th f	m t w th f
_____ July 15-19	mon-fri	m t w th f	m t w th f
_____ July 22-26	mon-fri	m t w th f	m t w th f
_____ July 29-Aug 2	mon-fri	m t w th f	m t w th f
_____ August 5-9	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 (\$10/day)	4:30-5:30 (\$10/day)
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
(program costs) + (extended care cost)		
\$ _____	+	\$ _____ + \$ _____
Sea Dogs total \$ _____		

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."

Mini Mates total _____
Sea Dogs total _____