

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 reflect the price increase on 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 _____

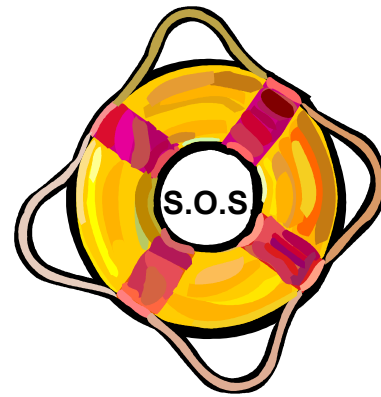
parents' names _____ dad's cell phone _____

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"/> \$325/wk	<input type="checkbox"/> \$305/wk	<input type="checkbox"/> \$275/wk
	<input type="checkbox"/> multiple wks. \$305/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 _____