

Dear Parent,

Thank you for your interest in the 2009 Summer Camp Program. This year the Summer Camp will run from June 29, 2009 through August 28, 2009. Camp enrollment will be offered on a weekly basis.

- **Please complete both the Summer Camp Selection Form (located at the bottom of this page) and the Summer Camp Application (attached) and return to the BASP Main Office along with the \$50.00 non-refundable family registration fee.**

Spaces will be filled in the order in which the completed Selection/Application forms and registration fees are received. As you know, registration is on a first come, first served basis, as enrollment is limited. Your prompt return of these documents is necessary to ensure your child will be registered for the weeks of your choice.

- **The 2008 Summer Camp tuition is \$215.00 per week. There will be a discount for children who are enrolled for the entire nine weeks.**

A limited number of scholarship spaces are available. If you wish to apply for a subsidized fee scale space, you will need to provide the following documentation of your family's income:

- Your most current four weeks worth of pay stubs
- Your most current income tax return
- Proof of child support received
- Proof of social security benefits received (if applicable)
- Proof of full time student status of parent (if applicable)
- Documentation of any other income received by the family

Please note that the total cost for your child's enrollment in Summer Camp MUST be paid in full by Monday June 22, 2009. If you would like, we would be happy to set up a payment plan for you. There will be no refunds after the first day of camp, June 26 nd.

- All children enrolled in the Roxbury Day Care Center Summer Camp Program must have the attached Universal Child Health Record completed by their physician and returned no later than June 18th.

Please feel free to call Cheri at the BASP Main Office (973)584-9671, with any question you may have.

Sincerely,

Cheri Costello, BASP and Summer Camp Coordinator

I wish to register my child _____ for the following weeks:

- _____ **Week 1** (June 29– July 3) _____ **Week 2** (July 6-July 10) _____ **Week 3** (July 13-July 17)
- _____ **Week 4** (July 20-July 24) _____ **Week 5** (July 27- July 31) _____ **Week 6** (August 3-August 7)
- _____ **Week 7** (August 10- August 14) _____ **Week 8** (August 17 – August 21)
- _____ **Week 9** (August 24 – August 28)

Parent Signature: _____ Date: _____