

Family Life Child Care Center of Maple Heights Summer Camp 2011

Our school age summer camp has been designed for children who want to experience a positive, fun, nurturing environment while learning. The camp offers daily planned activities, weekly field trips, meals and snacks, trips to the pool, park and library, a summer reading program and more!

**Call Today
For Rates!**

County Vouchers Accepted



School Age summer camp is offered to children who have completed kindergarten through 5th grade, with 3, 4 and 5 day options available!

Camp runs from
June 6 - August 19,
Monday - Friday
from 6:30am - 6pm.



**For more information call 440-260-6001
or visit us online at www.familylifecenters.org**

Printed at the expense of Berea Children's Home and Family Services.



Family Life Child Care Center of Maple Heights - Wild About Summer Camp Sessions:

Summer Camp is held daily from 6:30am - 6:00 pm Monday through Friday. Please circle the camp sessions and days you would like your child to attend. Minimum of three days per week:

<input type="checkbox"/> June 6 - 10: Introducing Me	M T W Th F
<input type="checkbox"/> June 13 - 17: Yum Yum Eatem Up	M T W Th F
<input type="checkbox"/> June 20 - 24: Up in Lights	M T W Th F
<input type="checkbox"/> June 27 - July 1: A Walk on the Wild Side	M T W Th F
<input type="checkbox"/> July 5 - 8: Beach Party	T W Th F
<input type="checkbox"/> July 11 - 15: It's All Science to Me	M T W Th F
<input type="checkbox"/> July 18 - 22: Planes, Trains and Automobiles	M T W Th F
<input type="checkbox"/> July 25 - 29: Art's Adventure	M T W Th F
<input type="checkbox"/> August 1 - 5: Knowledge is Power	M T W Th F
<input type="checkbox"/> August 8 - 12: Farewell to Thee	M T W Th F
<input type="checkbox"/> August 15 - 19: Ali, Ali All Free	M T W Th F



Registration:

Child's First Name: _____ Child's Last Name: _____

Birth Date: _____ Age: _____ Gender: _____ Race: _____

Parent's First Name(s): _____ Parent's Last Name(s): _____

Who has legal Custody: _____

Address: _____ City and Zip: _____

Email: _____ Phone: _____

T-shirt Size: _____ Grade Completed for the 2010/2011 school yr: _____

How did you hear about us? _____

Are you new to Berea Children's Home and Family Services? _____

Please check form of payment:

private pay county voucher bchfs staff sibling rate

Complete this form & mail to:

Family Life Child Care Centers
Attn: Enrollment Specialist
555 W. Bagley Road
Berea, Ohio 44017

Fax or email to:

Fax: 440-243-4371
E-mail: djarold@bchfs.org

*Make checks payable to Berea Children's Home and Family Services

Registration will be taken on a first come, first serve basis. A non refundable registration fee and an activity fee are due at the time of registration for each child. See the rate sheet for details. Fees will be waived for voucher families. Please submit payment with your registration form in order to reserve a spot for your child.