ALL FIELD TRIPS ARE OPTIONAL. MOST ARE LIMITED TO 14 STUDENTS. CARE IS PROVIDED AT THE CENTER FOR THOSE NOT ATTENDING::

WEEK OF TRIP	TRIP	COST PER STUDENT	TOTAL
6/18	FISHING	\$12.00	
6/25	BIKING	\$15.00	
7/2	GETTYSBURG	\$20.00	
7/9	FARM MUSEUM	\$15.00	
7/16	OREGON RIDGE	\$18.00	
7/23	HUMANE SOC	\$12.00	
7/30	4H FAIR	\$15.00	
8/6	ROLLER SKATING	\$18.00	
8/13	STRATOSPHERE	\$20.00	
8/20	ASTRONOMY	\$18.00	
8/27	SHILOH POTTERY	\$25.00	

KIDS FIRST SWIM CLUB

SWIM CAMP IS \$25 PER TRIP OR \$100 FOR ALL 5 TRIPS.

CAMPERS DO NOT NEED TO KNOW HOW TO SWIM TO ATTEND:

DATE	✓ IF ATTENDING
6/28	
7/12	
7/26	
8/9	
8/23	
TOTAL COST OF SWIM CAMP	

Office Phone: 410-876-7335 email: tahill@towson.edu www.childsnurturingcenter.com The Child's Nurturing Center, Inc. 2318 Old Westminster Pike Finksburg, MD The Child's Nurturing Center, Inc. Finksburg, MD

School Age Summer Program



Explore, Invent, Encourage

410-833-7730

Our Daily Schedule

6:30am Open to students

6:30-8:00

Breakfast and Exploration Centers



Exploration Centers Include: Literacy Music Science Math

Puzzles & Games
Arts & Crafts

Media

and much, much more . . .

9amSnack followed by curriculum10:45Outdoor Sports, Games, and Activities12pmLunch1pmRest/Quiet Reading2pmArts and Crafts: School age3pmAfternoon Snack



3:30 to closing Outdoor activities

WHAT IS DUE NOW: CHECKS CAN BE MADE OUT TO CNC

REGISTRATION FEES ARE NON-REFUNDABLE					
	REGISTRATION CH CAMPER	\$25.00			
STUDEN'	MER ONLY TS. COST FOR I CAMPER	\$50.00			
WEEKS O	ESS THAN SIX F CARE, COST CH CAMPER	\$25.00			
TOTAL OF FIELD TRIPS FROM REVERSE SIDE					
TOTAL OF SWIM CAMPS FROM REVERSE SIDE					
TOTAL REGISTRATION FEE					
PARENTS NAMES					
CAMPER NAMES					
PHONE NUMBER					
ADDRESS					

2018 REGISTRATION FORM

WEEKLY COST DOES NOT INCLUDE FIELD TRIPS

SIGN UP FOR THE WEEKS YOU NEED:

CHECK IF ATTENDING	WEEK START DATE	COST PER WEEK EACH CAMPER
	6/18	\$165.00
	6/25	\$165.00
	7/2	\$165.00
	7/9	\$165.00
	7/16	\$165.00
	7/23	\$165.00
	7/30	\$165.00
	8/6	\$165.00
	8/13	\$165.00
	8/20	\$165.00
	8/27	\$165.00

____ NUMBER OF WEEKS x \$165.00 = ____ TOTAL COST FOR SUMMER CARE

YOU WILL BE BILLED FOR SUMMER CARE ON A MONTHLY BASIS.

YOUR FIRST STATEMENT WILL ARRIVE AROUND MAY 15TH AND IS DUE ON OR BEFORE THE LAST THURSDAY OF THE MONTH PRIOR TO CARE.

A 10% DISCOUNT ON WEEKLY CARE COST IS GIVEN TO THOSE USING ALL WEEKS AND PAYING FOR THE FULL SUMMER AT TIME OF REGISTRATION.