

# Summers Begin At Affections!

Affections Preschool Of Hulmeville  
321 Main Street, Hulmeville, Pa 19047

Website: [www.affectionspreschool.com](http://www.affectionspreschool.com)

Phone: 215-741-1757

E-mail: [achiever@voicenet.com](mailto:achiever@voicenet.com)

## Junior I & Junior II Camper Program

- **3 & 5 Day Programs**
- **4, 8, & 10 Week Schedules**
- **Experienced Staff**
- **Special Event Days**
- **Special Guests**
- **Age Appropriate Play**
- **Rainy Day Activities**
- **Snack & Beverage**
- **Track & Field Games**

**... And Much, Much More!!**

- **Field Trips & Tours to Fonthill Museum and Pennsbury Manor**
- **Square Dancing / Drama**
- **Picnics At Area Parks**
- **Bowling / Exploring**
- **Miniature Golf**
- **Water Fun At Shore Club Pool**
- **On-site Wadding Pools**
- **Arts & Crafts**

**... And Much, Much More!!**

**SO MUCH FUN!**

**SO LITTLE COST!**

Please note that the information provided herein is subject to errors and omissions.

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## Summer Camp – 2006

### Fee Schedule – Junior I & II Camper Program

**Junior I Group Ages: 4 years 0 months to 6 years 11 months**

**Junior II Group Ages: 7 years 0 months to 9 years 0 months**

#### Program Dates:

10 Week:	June 26 to August 31
8 Week:	June 26 to August 18
4 Week:	June 26 to July 21
4 Week	July 24 to August 18

#### Program Times:

Full Day .....	9:00 AM to 4:00 PM
Extended Hours.....	7:00 AM to 9:00 AM 4:00 PM to 6:00 PM

#### Program Fee Schedule:

Program	5 Full Day	3 Full Day
10 Week Full Day	\$ 1,652.00	\$ 1,167.00
8 Week Full Day	\$ 1,230.00	\$ 836.00
4 Week Full Day	\$ 777.00	\$ 505.00
Extended Hours (Per 4 weeks)	\$ 65.00	\$50.00

#### Program Terms:

- 10% discount for each child after first enrollment. Discount computed on lowest summer fee.
- A \$100.00 non-refundable deposit is required for each camper registered. Deposit is applied to outstanding summer camp fee.
- Junior I campers must 4.0 years or older on June 1, 2006 and be toilet trained in order to participate in the Junior I program.
- For the convenience of our clients a three (3) payment plan is being offered. The summer camp fee will be broken into three (3) equal payments as follows:  
**Payment #1:** June 16<sup>th</sup>, **Payment #2:** July 17<sup>th</sup>, **Payment # 3:** August 7<sup>th</sup>
- Failure to make payments on time will carry a \$50.00 late charge, and will result in your child's suspension from the program and forfeiture of all payments. There are no summer camp fee credits for family vacations or unattended sessions.
- Affections Preschool reserves the right to pursue all collection remedies as prescribed by law.

**All fees and conditions subject to change without notice.**

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Campers Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

## Program Selection: (Indicate choices with an "X")

Indicate Days Attending: Mon: \_\_\_\_\_ Tue: \_\_\_\_\_ Wed: \_\_\_\_\_ Thu: \_\_\_\_\_ Fri: \_\_\_\_\_  
Indicate Extended Hours AM: Mon: \_\_\_\_\_ Tue: \_\_\_\_\_ Wed: \_\_\_\_\_ Thu: \_\_\_\_\_ Fri: \_\_\_\_\_  
Indicate Extended Hours PM: Mon: \_\_\_\_\_ Tue: \_\_\_\_\_ Wed: \_\_\_\_\_ Thu: \_\_\_\_\_ Fri: \_\_\_\_\_

Junior I – 4.0 yrs to 6.11 yrs: \_\_\_\_\_ Junior II - 7.0 yrs to 9.0 yrd: \_\_\_\_\_

	5 Full Day	3 Full Day
10 Week: June 26 to August 31	_____	_____
8 Week: June 26 to August 18	_____	_____
4 Week: June 26 to July 21	_____	_____
4 Week: July 24 to August 18	_____	_____

I agree to have my child participate in the Affections Preschool Camp Program, and have enclosed a non-refundable \$ 100.00 deposit, and agree to remit the balance of on or before June 16<sup>th</sup>, 2006, or I have agreed to the three (3) payment plan option as described on the fee schedule.

I agree to comply with all procedures and regulations regarding fees, attendance, health, safety codes, clothing and any additional items deemed necessary for the health and well being of my child and the children of other parents.

I also give my consent to Affections Preschool management and staff to make decisions necessary for my child's well being in the event of an accident or emergency.

I request the three (3) Summer Vacation Payment Plan, and agree any remaining balance due Affections Preschool from the 2005 / 2006 school year will be paid in full prior to the start of camp on June 26<sup>th</sup>, 2006. Initials: \_\_\_\_\_

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parent's / Guardian's Signature

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