

# CHAMP Program Registration Form

Participants Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Program Choice: (Choose ONE Option Below)

Please indicate the days in which you would like to participate.

\_\_\_\_\_ I would like to participate in the FULL WEEK program from 3:45 – 6:00 PM.

\_\_\_\_\_ I would like to participate in the MON/WED/FRI program from 3:45– 6:00 PM.

\_\_\_\_\_ I would like to participate in the TUES/THUR program from 3:45 – 6:00 PM.

	Dates	Dates	FULL	MWF	TTH
1	September	September 13 <sup>th</sup> - September 30 <sup>th</sup>	\$84	\$54	\$36
2	October	October 1 <sup>st</sup> - October 29 <sup>th</sup>	\$114	\$72	\$42
3	November	November 1 <sup>st</sup> - November 30 <sup>th</sup>	\$102	\$60	\$42
4	December	December 1 <sup>st</sup> - December 23 <sup>rd</sup>	\$102	\$60	\$42
5	January	January 3 <sup>rd</sup> - January 28 <sup>th</sup>	\$114	\$66	\$48
6	February	February 1 <sup>st</sup> - February 28 <sup>th</sup>	\$90	\$54	\$36
7	March	March 1 <sup>st</sup> - March 31 <sup>st</sup>	\$138	\$78	\$60
8	April	April 1 <sup>st</sup> - April 29 <sup>th</sup>	\$96	\$60	\$36
9	May	May 2 <sup>nd</sup> - May 31 <sup>st</sup>	\$120	\$66	\$54
10	June	June 1 <sup>st</sup> - June 17 <sup>th</sup>	\$78	\$48	\$30

Pay in Full for Year:

Please Remember to Check the Homer School Calendar to see what days CHAMP will not be running