

JOHN O. WILSON
HAMILTON NEIGHBORHOOD SERVICE CENTER, INC.
GLORIA J. STEPHENS, Executive Director

169 WILFRED AVENUE, HAMILTON, NJ 08610

Telephone (609) 393-6480
FAX (609) 393-1230

BEFORE & AFTER CARE APPLICATION
2017 SUMMER CAMP

DATE: _____

PERSONAL INFORMATION (PLEASE PRINT)

CHILD'S NAME: _____ DOB: _____

SEX: (please circle) M / F AGE: _____

PARENT(S) NAME: _____

PHONE: _____ CELL: _____ WORK: _____

ADDRESS: _____
Street City, State Zip

Cost for Before Care and After Care:

Total Cost: Before Care \$ 90.00

Total Cost: After Care \$150.00

Total Cost: Both – Before Care & After Care \$225.00

Wednesday, July 5, 2017 through Friday, August 11, 2017 \$_____ Before () After() Both()

Before Care: 7:30am – Until Start of Camp (Drop-Off At the Hamilton High School)

After Care: 3:00pm – 5:30pm (Pick-up from the John O. Wilson Neighborhood Center)

I give my child permission to participate in the Before and/or After Care Services provided by the John O. Wilson Center Summer Camp. Payment to be submitted during registration.

Parent/Guardian Name (Please Print)

Parent Signature