



Summer Program

Before-Care & After-Care
Information & Registration

BEFORE-CARE and AFTER-CARE

DUE ONE WEEK PRIOR TO CAMP BEGINNING

**Mail form(s) to OFC Creations c/o Summer
3450 Winton Pl., Rochester NY 14623
OR email them to info@OFCCreations.com**

INFO:

OFC's Before-Care / After-Care is an opportunity for campers who must be dropped off early or are unable to be picked up at the end of camp. Under the supervision of an OFC team member, activities will include arts and crafts, watching movies, and playing games. We encourage campers to bring books and games from home. After-care only runs until 5PM this year, there is no after-care for pint sized performers.

TIMES:

Before-Care is offered from 7AM-9AM

After-Care is offered from 3PM-5PM

Please note that after-care is not available for Pint Sized programs (ages 4 to 7).

COST:

Regular cost is \$10/per hour. For two siblings (or more) cost is \$12/per hour. Payment is charged by hour and cannot be reduced by half hour or by 15-minute intervals. Late pick-ups will be charged for a full extra hour.

Please fill out one of the attached forms for EACH camp your child is involved in.

Contact Information:

Eric Vaughn Johnson

Executive Director

585-667-0954 (W)

www.OFCCreations.com

www.ROCSummerTheatre.com



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BEFORE-CARE & AFTER-CARE REGISTRATION:

Camper Name: _____

Camp (please fill one form out for EACH camp): _____

Camp Dates: _____ Camp Location: _____

Approved Names for Pick-Up of Student/Emergency Contacts:

NAME	PHONE NUMBER
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_____	_____
_____	_____
_____	_____

BEFORE CARE (7AM-9AM)

WEEK ONE		WEEK TWO	
MONDAY	_____ - 9AM	MONDAY	_____ - 9AM
TUESDAY	_____ - 9AM	TUESDAY	_____ - 9AM
WEDNESDAY	_____ - 9AM	WEDNESDAY	_____ - 9AM
THURSDAY	_____ - 9AM	THURSDAY	_____ - 9AM
FRIDAY	_____ - 9AM	FRIDAY	_____ - 9AM

AFTER CARE (3PM-5PM)

WEEK ONE		WEEK TWO	
MONDAY	3PM - _____	MONDAY	3PM - _____
TUESDAY	3PM - _____	TUESDAY	3PM - _____
WEDNESDAY	3PM - _____	WEDNESDAY	3PM - _____
THURSDAY	3PM - _____	THURSDAY	3PM - _____
FRIDAY	3PM - _____	FRIDAY	3PM - _____

Cost: _____ total hours X \$10/hr (or \$12/hr for siblings) = Total \$_____

Payment can be in form of check (made out to OFC Creations), cash, or credit card.

Card Number: _____ Zip Code: _____

Expiration: _____ Security Code: _____

Full payment is required with application. Hours over initial application will be invoiced at the end of the program

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