



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

PO Box 26346 Rochester, NY 14626

OR call 585-667-0954

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. **Please note, due to circumstances regarding COVID-19, before-care and after-care run differently this year.** Under the supervision of an OFC team member, activities will include arts and crafts, watching movies, and playing no-contact games. Please note, since kids of different camps will be in these before-care and after-care sessions together, we will be keeping campers on opposite sides of the theatre to enjoy these activities. We encourage campers to bring books and games from home. After-care only runs until 5PM this year.

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. Cost has slightly increased this year for newly required cleaning and safety components.

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 |
|-------|--------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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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