

MoLab, Inc.'s Camp Spark – Igniting Knowledge!

Extended Care Registration Form

(Only fill this form out if adding extended camp care after the original registration has been submitted)

Camper's Name: _____

Grade Level: _____

Pre-Camp Extended Care (7:45 a.m. - 8:45 a.m.)

\$5/day or \$20/week

Please circle the weekly camp session(s) for which pre-camp care is desired. If camper will not need pre-camp care on all of the weekdays, please circle the day(s) on which pre-camp care is desired.

Week(s)	1	2	3	4	5	6	7	8	9	10
Day(s)	Monday	Tuesday	Wednesday	Thursday	Friday					

Notes: _____

Post-Camp Extended Care (4:15 p.m. - 6:00 p.m.)

\$5/day or \$20/week

Please circle the weekly camp session(s) for which post-camp care is desired. If camper will not need post-camp care on all of the weekdays, please circle the day(s) on which post-camp care is desired.

Week(s)	1	2	3	4	5	6	7	8	9	10
Day(s)	Monday	Tuesday	Wednesday	Thursday	Friday					

Notes: _____

Week(s) 1-4: Pre-Camp Fees \$_____	Post-Camp Fees \$_____	Total Due by May 26 \$_____
Week(s) 5-8: Pre-Camp Fees \$_____	Post-Camp Fees \$_____	Total Due by June 23 \$_____
Week(s) 9-10: Pre-Camp Fees \$_____	Post-Camp Fees \$_____	Total Due by July 21 \$_____

TOTAL EXTENDED CARE FEES ENCLOSED \$_____

PayPal Confirmation Number _____

Payment in full is due when adding extended camp care after the initial registration. Forms and payment may be mailed with a check or money order. Cash payments in person are accepted once camp is in session.

Credit card payment must be made at www.tallymolab.org using MoLab, Inc.'s PayPal account. After completing your PayPal transaction, please write the confirmation sequence on this form and send by mail to the address below or by email to aimee@tallymolab.org.

Mail to: MoLab, Inc. Camp Spark – Igniting Knowledge!
 1700 North Monroe Street, Ste 11-223
 Tallahassee, FL 32303
 Email to: aimee@tallymolab.org