



Summer Program

Before-Care & After-Care
Information & Registration

BEFORE-CARE and AFTER-CARE

DUE ONE WEEK PRIOR TO CAMP BEGINNING

There is a 5% fee for forms turned in after the one week mark

Mail form(s) to OFC Creations c/o Summer

3450 Winton Pl., Rochester NY 14623

OR scan & 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 coloring, watching movies, and playing games. We encourage campers to bring books and games from home. 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 half hour and cannot be reduced by 15-minute intervals. Late pick-ups will be charged for a half hour. There is a \$10 minimum on all forms.

You must sign up for the earliest time you need for before-care. We will not staff someone earlier than the earliest child's arrival time (*ex. If the earliest camper arrival is 7:30AM we will not have someone on site at 7AM*).

If you have signed up for aftercare but do not need it, please let us know so we can dismiss your child to you rather than sending them to aftercare.

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: _____

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 \$ _____

If half hour is included cost would be \$5/\$6 for 30mins

There is a \$10 minimum on all forms.

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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