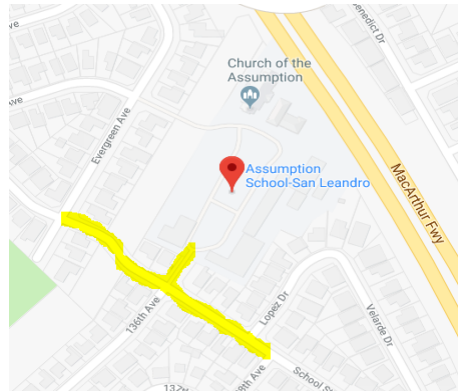


**Mr. D's Sports Zone!** always strives to provide a safe environment for children **K-7** to enjoy sports and other activities to enrich their summer break. **THIS SUMMER, Assumption School is updating their playground and the parking lot.** So we will use the **136th and School St. entrance to the school.** Although we will not have access to the blacktop, our large gym and other facilities will help us maintain the high standards you are accustomed to from Mr. D's. We hope you will join us for what will be our best summer yet!



## **2018 Summer Sessions**

### **Circle Session(s)**

- |                       |                       |  |
|-----------------------|-----------------------|--|
| <b>(1) June 18-22</b> | <b>(2) June 25-29</b> | <b>(3) July 2-6* (Closed Wed. July 4th)*</b> |
| <b>(4) July 9-13</b>  | <b>(5) July 16-20</b> | <b>(6) July 23-27</b>                        |
|                       |                       | <b>(6) July 30-August 3</b>                  |

Please indicate by check mark: ☐ Full Day ☐ Half Day

**If you have different needs, please print them on the back of this flyer**

\$180 per week (5 full days) 8:00 a.m.-3:00 p.m. (5 half days) 8:00 a.m.-12:00 p.m. \$35 per day (with 24 hr advance notice)

\$40 per day (no notice, \$35 + \$5 walk-up fee) (you can call, text or e-mail to give 24 hr notice)

\*Fees for **Session 3** (week of July 2nd) will be \$145 for a full day/week and \$75 for a half day/week

#### **Extended Care**

**3:00 p.m.-5:00 p.m. (\$10 per hr)**

#### **Zone closes at 5:00 pm!**

Child's Name \_\_\_\_\_ Grade (just finished) \_\_\_\_\_ School \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Any Allergies or Restrictions \_\_\_\_\_

I hereby grant permission for my child to participate in Mr. D's Sports Zone. In the event that I cannot be reached in an emergency, I hereby consent to any examination, x-ray, medication, anesthetic, medical and surgical treatment that may be rendered based upon the recommendation of the nearest physician and medical facility.

Parent's

Signature \_\_\_\_\_ Date \_\_\_\_\_

