



NCJC SUMMER PROGRAM

JUNE 17TH - AUGUST 9TH 7:30 AM - 5:30 PM

\$245 PER CHILD PER WEEK, MINUS
\$50 DEPOSIT BY MAY 15TH, 2024

PARENT NAME: _____ PHONE #: _____

EMAIL: _____

CHILD'S NAME: _____ GRADE FINISHED _____

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FUNDING SOURCE:

PRIVATE PAY

CONFIRMED CCA CONTRACT

MUST BE ATTACHED TO THIS FORM

**MARK ALL THE WEEKS YOUR CHILD WILL ATTEND AND RETURN SHEET TO DIRECTOR
ASHLEE CLARK: ASHLEE-CLARK@NCJC.ORG OR 2105 BROADWAY ST. IOWA CITY, IA 52240
(M-F 7:30AM -5:30PM)**

PAYMENT IS DUE THE MONDAY OF EACH WEEK FOR YOUR CHILD TO ATTEND.

JUNE 17TH - JUNE 21ST ***CLOSED JUNE 19TH**

JUNE 24TH - JUNE 28TH

**** CLOSED WEEK OF JULY 1ST**

JULY 8TH & 12TH

JULY 15TH - JULY 19TH

JULY 22ND - JULY 26TH ****CLOSE JULY 24TH AT 2PM**

JULY 29TH - AUGUST 2ND

AUGUST 5TH - AUGUST 9TH

PLEASE CHECK YOUR SUMMER PROGRAM LOCATION:

MARK TWAIN

GRANT WOOD

NO PREFERENCE

By signing this form, you are committing the weeks chosen above. A deposit of \$50 per week will be due on May 15th, 2024. If you wish to add or adjust attendance weeks you may do so by May 15th, 2024. Contact Ashlee Clark with any questions. This form does guarantee your child's placement in our summer program. You will receive official confirmation of your child's enrollment along with a financial agreement.

Signature: _____

Date: _____