

Summer Day Camp 2010

Family Last Name: _____ Child's Name: _____

Phone #'s: (h) _____ (c) _____ (w) _____

Does your child require any special needs (please explain) _____

Circle Days (Tuesday, June 1st – Friday, August 13th)

We will be attending:
(X Appropriate Weeks)

| | <u>M</u> | <u>T</u> | <u>W</u> | <u>Th</u> | <u>F</u> |
|--------------|----------|----------|----------|-----------|----------|
| ____ Week 1 | June *** | 1 | 2 | 3 | 4 |
| ____ Week 2 | 7 | 8 | 9 | 10 | 11 |
| ____ Week 3 | 14 | 15 | 16 | 17 | 18 |
| ____ Week 4 | 21 | 22 | 23 | 24 | 25 |
| ____ Week 5 | 28 | 29 | 30 | July 1 | 2 |
| ____ Week 6 | July 5 | 6 | 7 | 8 | 9 |
| ____ Week 7 | 12 | 13 | 14 | 15 | 16 |
| ____ Week 8 | 19 | 20 | 21 | 22 | 23 |
| ____ Week 9 | 26 | 27 | 28 | 29 | 30 |
| ____ Week 10 | Aug. 2 | 3 | 4 | 5 | 6 |
| ____ Week 11 | 9 | 10 | 11 | 12 | 13 |
| ____ Week 12 | 16 | 17 | 18 | 19 | 20 |

Early Drop Off / Pick Up (Additional \$5.00 per child per day)

Do you need Early Drop Off (Between 7:00-8:00am)? Yes / No

Do you need Late Pick Up (Between 4:00-5:00pm)? Yes / No

\$50.00 Non-refundable Deposit (Per Child) _____

Who would you like us to contact in an emergency?

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Who is approved for Child Pick-up?

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____