

APRIL VACATION CAMP

MONDAY APRIL 21st

TUESDAY APRIL 22nd

WEDNESDAY APRIL 23rd

THURSDAY APRIL 24TH

FRIDAY APRIL 25TH

Childs Name _____ Age _____

Address _____

Town _____ State _____ Zip _____

Email _____

Emergency Contact Name _____

Emergency Contact Number _____

Does your child have any issues we should be aware of? _____

If so please explain _____

Does your child have any allergies? _____

Parents Signature _____

PLEASE CIRCLE

Monday April 21st

Half day A.M. 9:00-12:00

\$45.00

Half day P.M. 1:00-4:00

\$45.00

Full day 9:00-4:00

\$70.00

Tuesday April 22nd

Half day A.M. 9:00-12:00

\$45.00

Half day P.M. 1:00-4:00

\$45.00

Full day 9:00-4:00

\$70.00

Wednesday April 23rd

Half day A.M. 9:00-12:00

\$45.00

Half day P.M. 1:00-4:00

\$45.00

Full day 9:00-4:00

\$70.00

Thursday April 24th

Half day A.M. 9:00-12:00

\$45.00

Half day P.M. 1:00- 4:00

\$45.00

Full day 9:00-4:00

\$70.00

Friday April 25th

Half day A.M. 9:00-12:00

\$45.00

Half day P.M. 1:00-4:00

\$45.00

Full day 9:00-4:00

\$70.00

Total Due _____ **Payment** _____