

FEBRUARY VACATION CAMP

MONDAY FEBRUARY 17TH
TUESDAY FEBRUARY 18TH
WEDNESDAY FEBRUARY 19TH
THURSDAY FEBRUARY 20th
FRIDAY FEBRUARY 21ST

Childs Name _____ Age _____

Address _____

Town _____ State _____ Zip _____

Emergency Contact Name _____

Emergency Contact Number _____

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

Does your child have any allergies? _____

If so please explain _____

Parents Signature _____

PLEASE CIRCLE

Monday February 17TH

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 February 18TH

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 February 19TH

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 February 20TH

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 February 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

Total Due _____ Payment _____