



FEBRUARY VACATION CAMP

MONDAY FEBRUARY 18TH
 TUESDAY FEBRUARY 19TH
 WEDNESDAY FEBRUARY 20TH
 THURSDAY FEBRUARY 21ST
 FRIDAY FEBRUARY 22ND

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 18th

Half day A.M. 9:00-12:00
 \$25.00

Half day P.M. 1:00-4:00
 \$25.00

Full day 9:00-4:00
 \$50.00

Tuesday February 19th

Half day A.M. 9:00-12:00
 \$25.00

Half day P.M. 1:00-4:00
 \$25.00

Full day 9:00-4:00
 \$50.00

Wednesday February 20th

Half day A.M. 9:00-12:00
 \$25.00

Half day P.M. 1:00-4:00
 \$25.00

Full day 9:00-4:00
 \$50.00

Thursday February 21st

Half day A.M. 9:00-12:00
 \$25.00

Half day P.M. 1:00-4:00
 \$25.00

Full day 9:00-4:00
 \$50.00

Friday February 22nd

Half day A.M. 9:00-12:00
 \$25.00

Half day P.M. 1:00-4:00
 \$25.00

Full day 9:00-4:00
 \$50.00

Total Due _____ Payment _____

