

APRIL VACATION CAMP

MONDAY APRIL 15TH
TUESDAY APRIL 16TH
WEDNESDAY APRIL 17TH
THURSDAY APRIL 18TH
FRIDAY APRIL 19TH

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 15th

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 16th

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 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

Thursday April 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

Total Due _____

Payment _____

