

FEBRUARY VACATION CAMP

MONDAY FEBRUARY 19TH
TUESDAY FEBRUARY 20TH
WEDNESDAY FEBRUARY 21ST
THURSDAY FEBRUARY 22ND
FRIDAY FEBRUARY 23RD

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 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
-------------------------------------	------------------------------------	-------------------------------

Tuesday 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
-------------------------------------	------------------------------------	-------------------------------

Wednesday 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
-------------------------------------	------------------------------------	-------------------------------

Thursday February 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
-------------------------------------	------------------------------------	-------------------------------

Friday February 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
-------------------------------------	------------------------------------	-------------------------------

Total Due _____ Payment _____