

Fall Interim Care Enrollment Form

Please Return by August 24, 2018
Enrollment is by the day only.

Child's Name: _____ Parent's Name: _____

Child's Age: _____ yr. _____ mos. Teacher's Name: _____

Check the days desired and fill in the appropriate amounts, total and send with payment to the office. Please return this form by **Friday, August 24, 2018**.

Day One 9/4/18 (7:00 am - 5:45 pm)

Stories, Videos & Games, Craft Activity, Special professional shows Gymnastics and Movement, Outside Activity/Story time Movies/Music.

Nursery T-Kindergarten \$78.00

Pre-first Elementary \$80.00

Day Two 9/5/18 (7:00 am - 5:45 pm)

Stories, Videos & Games, Craft Activity, Special professional shows Gymnastics and Movement, Outside Activity/Story time Movies/Music.

Nursery T-Kindergarten \$78.00

Pre-first Elementary \$80.00

TOTAL COST FOR ALL DAYS (Due in advance) \$ _____

I give permission for my child to attend the interim Camp and participate in all activities. A medical permission form is on file in the office and may be used if needed. I understand that camp and school programs involve activities that may come with certain risks. I realize that no environment is risk-free I am aware of these risks, and I am assuming them on behalf of my child.

Signature _____