

Please return this form by **ONE WEEK** prior to date of attendance.

## Interim Care Enrollment Form

To guarantee your child's enrollment, please return completed form and payment no later than One Week prior to enrollment date.

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ yr. \_\_\_\_\_ mos. Teacher's Name: \_\_\_\_\_

Check the interim camps desired. Fill in the appropriate amounts, total and send with payment to the office.

**Fall Interim Camp** - (7:00 am - 5:45 pm)  **Nursery T-Kindergarten Pre-first** \$78.00  
 9/3/2019

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**Spring Interim Camp** - (7:00 am - 5:45 pm)  **Nursery T-Kindergarten Pre-first** \$312.00  
 4/6/2020 - 4/9/2020 (4 day enrollment only)

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**Sneak Preview Interim Camp** - (7:00 am - 5:45 pm)  
 6/8/2020 - 6/12/2020 (Full Week enrollment only)  **Nursery T-Kindergarten Pre-first** \$390.00  
 6/15/2020 - 6/19/2020 (Full Week enrollment only)  **Nursery T-Kindergarten Pre-first** \$390.00

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**TOTAL COST FOR ALL (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 \_\_\_\_\_