

Please return this form no later than ONE WEEK prior to date of attendance.

Interim Care Enrollment Form (Spaces are Limited)

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.

Spring Interim Camp - (7:30 am - 5:30 pm) **Nursery T-Kindergarten Pre-first** \$360.00

3/25/2024 - 3/28/2024 (Closed 3/29/24)

Sneak Preview Interim Camp - (7:30 am - 5:30 pm) **Nursery T-Kindergarten Pre-first** \$450.00

6/10/2024 - 6/14/2024 (Full Week enrollment only)

Late Summer Interim Camp - (7:30 am - 5:30 pm) **Nursery T-Kindergarten Pre-first** \$450.00

8/12/2024 - 8/16/2024 (Full Week enrollment only)

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 _____

No Refunds for Cancelations: Made less than 7 days prior to week attending.