Please return this form no later than TWO WEEKS 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 then two weeks 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.

Sneak Preview Interim Camp - (7:30 am - 5:30 pm)

Must return form by: **5/19/2027**

❒ 06/07/2027 - 06/11/2027 (Full Week enrollment only)

❒ 06/14/2027 - 06/18/2027 (Full Week enrollment only)

❒ **Wk 1** Nursery T-Kindergarten Pre-first $600.00

❒ **Wk 2** Nursery T-Kindergarten Pre-first $600.00

Late Summer Interim Camp - (7:30 am - 5:30 pm)

Must return form by: 0**7/15/26**

❒ 08/16/2027 - 08/20/2027 (Full Week enrollment only)

❒ Nursery T-Kindergarten Pre-first $600.00

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.