

2018 SUMMER PROGRAM CHILD CARE SCHEDULE

Must be returned with registration form

PLEASE RETURN WITH REGISTRATION, HEALTH, AND PERMISSION FORMS BY MAY 11, 2018

CHILD NAME	CHILD AGE:
CHILD NAME	CHILD AGE:
CHILD NAME	CHILD AGE:

PARENT NAME	ADDRESS
PHONE #'S	

HOW DO YOU WISH TO BE BILLED?

MAILED

EMAILED

email address _____

Please indicate which day your child/ren will be in attendance with an X in the box

MONTH/WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
JUNE 4-8					
JUNE 11-15					
JUNE 18-22					
JUNE 25-29					
JULY 2-6			CLOSED		
JULY 9-13					
JULY 16-20					
JULY 23-27					
JULY 30-AUG 3					
AUGUST 7-10					
AUGUST 13-17					