



Due to limited spacing for our summer program we want to make sure that your child's spot is reserved. Please select which week(s) you would like for your child(ren) to attend. Please note that the week(s) you commit to will be held for your child and you are responsible for making payment. No refund will be given for missed week(s) that you commit too.

Please Complete and Return This Form

Child Name(s): _____

Please mark which week your child will be attending camp:

Week 1: July 6th- July 10th _____

Week 2: July 13th- July 17th _____

Week 3: July 20th- July 24th _____

Week 4: July 27th- July 31st _____

Parent Signature: _____