Child's Name _____

Grade _____ Teacher _____

Parent's Name _____

Home Phone _____ Cell _____

EMERGENCY CONTACT:

Name_____ Phone _____

Camp : Teachers Weeks

EC3/EC4 **Landgraf/Boatright** **June 11-29**

Full Day 1wk___2wk___3wk___
Half Day 1wk___2wk___3wk___

Kind/1st Grade **Wallis/Smith** **June 18-29**

Full Day 1wk___2wk___

2nd/3rd Grade **Bartgis** **June 18-29**

Full Day 1wk___2wk___
Half Day 1wk___2wk___

Extended Day **1wk___2wk___3wk___Drop-in___**

Total payment for Camps_____

OFFICE USE ONLY: _____ Cash _____ Check# _____ Credit Card