

Summer Reading Program: Camp Weeks

Please fill out this form and return it to Gail Brown or Debbie Sternklar on the first day of the camp week your child will be participating in.

Child's Name _____

Name of Parent/Caregiver: _____

Contact # of Parent/Caregiver (BEST # to reach this person DURING the Camp hours): _____

Grade in Fall 2017 _____

Camp Week(s) child is attending (please put a check next to all camps that child will be attending):

Maker Week (July 10-14 2:00-4:30) _____

Animal Week (July 24-27 2:00-4:30) _____

Science, Flight & Space Week (July 31-August 3 2:00-4:30) _____

Will child need after care? (**available from 4:30-5:30**) _____ If so, until what time? _____

Emergency Contact: _____

Emergency Contact's Phone #: _____

Please list any person who may **NOT** pick up your child(ren): _____

Please list any food allergies: _____

Thank You! We are looking forward to an adventure in fun and learning.