

Summer Camp Program 2019

Child's Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: (_____) _____ Birthday: _____

_____ My child will attend preschool 9:00-12:00pm

_____ My child will attend Day Care.

Dropped off at _____ am. Picked up at _____ pm.

My child will eat breakfast (an additional fee). Yes No

My child will attend: (Please circle the days He/She will attend)

Monday Tuesday Wednesday Thursday Friday

Mother's Name: _____

Address: _____

Phone Number: (_____) _____

Mother's Work: _____

Work Address: _____

Work Phone: (_____) _____

Father's Name: _____

Address: _____

Phone Number: (_____) _____

Father's Work: _____

Work Address: _____

Work Phone: (_____) _____

Please list your child's allergies and or any medication they take regularly:

- Day Care children, who have attended Bobbie Noonan's for **ONE FULL Year** without dropping, will receive two weeks vacation. There will be no tuition due for vacation weeks. If you have any questions, please see someone in the office.
- Half day children may choose the weeks of Summer Camp they will be attending and pay for only those weeks.
- All Parents are responsible for the weeks for which they have signed up.

Please check the weeks your child will be attending:

- _____ June 10-14 Daycare Only
- _____ Week 1 June 17-21
- _____ Week 2 June 24-28
- _____ Week 3 July 1-5 (School closed on July 4th)
- _____ Week 4 July 8-12
- _____ Week 5 July 15-19
- _____ Week 6 July 22-26
- _____ Week 7 July 29- August 2
- _____ Week 8 August 5-9
- _____ August 12-16 Daycare Only

Parent's Signature: _____

Please Note:

A **\$30 summer activity fee is due when this form is submitted.** A spot will only be held for your child if we have received the paperwork and activity fee together. If you have any questions, please contact someone in our office. Thank You!