

Summer Camp Program 2019

Child's Name: _____

Address: _____ **City:** _____ **Zip:** _____

Birthdate: _____ **Phone Number: (_____)** _____

_____ **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:**

_____	Day Care	June 10th-14th (Day care students only)
_____	Week 1	June 17th- 21st
_____	Week 2	June 24th-28th
_____	Week 3	July 1st -5th (School closed on July 4th in observance of 4th of July-Full tuition due)
_____	Week 4	July 8th -12th
_____	Week 5	July 15th -19th
_____	Week 6	July 22nd -26th
_____	Week 7	July 29th -August 2nd
_____	Week 8	August 5th -9th
_____	Day Care Week	August 12th-16th (Day care students only)

Parent's Signature: _____

Please Note:

A 30.00 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!