

EDP SUMMER CAMP JUNE 17 – JUNE 28

7:30AM-5:00PM

If you will be dropping off AFTER 7:30 AM or picking up BEFORE 5:00 PM, please let the Staff know in advance.

Family Name: _____

DATE	CHLD #1	CHILD #2	\$50/DAY	TOTAL / DAY	S/I TIME	SIGNATURE	S/OUT	SIGNATURE
6/17/2019								
6/18/2019								
6/19/2019								
6/20/2019								
6/21/2019								
6/24/2019								
6/25/2019								
6/26/2019								
6/27/2019								
6/28/2019								
CASH \$	CHECK #	TOTAL DUE W/FORM		\$				

STUDENT #1 NAME: _____ GRADE 2019-2020: _____

PARENT EMAIL ADDRESS: _____

CONTACT PERSON #1: _____ (C) PHONE: _____ (W) PHONE: _____

CONTACT PERSON #2: _____ (C) PHONE: _____ (W) PHONE: _____

EMERGENCY CONTACTS AND PICK UP

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

ALLERGIES

FOOD ALLERGIES: _____ INSECT BITE ALERGIES: _____

STUDENT #2 NAME: _____ GRADE 2019-2020: _____

CONTACT PERSON #1: _____ (C) PHONE: _____ (W) PHONE: _____

CONTACT PERSON #2: _____ (C) PHONE: _____ (W) PHONE: _____

EMERGENCY CONTACTS AND PICK UP

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

ALLERGIES

FOOD ALLERGIES: _____ INSECT BITE ALERGIES: _____

