

Please return this form no later than **TWO WEEKS** prior to date of attendance.

## Interim Care Enrollment Form (Spaces are Limited)

To guarantee your child's enrollment, please return completed form and payment no later than two weeks prior to enrollment date.

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ yr. \_\_\_\_\_ mos. Teacher's Name: \_\_\_\_\_

Check the interim camps desired. Fill in the appropriate amounts, total and send with payment to the office.

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**Spring Interim Camp** - (7:30 am - 5:30 pm)

**Nursery T-Kindergarten Pre-first** \$372.00

4/14/2025 - 4/17/2025 (Closed 4/18/25)

Must return form by: **3/31/25**

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**Sneak Preview Interim Camp** - (7:30 am - 5:30 pm)

**Nursery T-Kindergarten Pre-first** \$465.00

6/9/2025 - 6/13/2025 (Full Week enrollment only)

Must return form by: **5/26//25**

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**Late Summer Interim Camp** - (7:30 am - 5:30 pm)

**Nursery T-Kindergarten Pre-first** \$465.00

8/11/2024 - 8/15/2025 (Full Week enrollment only)

Must return form by: **7/28/25**

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**TOTAL COST FOR ALL (Due in advance) \$ \_\_\_\_\_**

I give permission for my child to attend the interim Camp and participate in all activities. A medical permission form is on file in the office and may be used if needed. I understand that camp and school programs involve activities that may come with certain risks. I realize that no environment is risk-free I am aware of these risks, and I am assuming them on behalf of my child.

Signature \_\_\_\_\_

**No Refunds for Cancelations:** Made less than 7 days prior to week attending.