

Holy Trinity Preschool Summer 2018 Registration Request



We realize plans change, but if you could mark the days of each week that you intend to participate in camp, it will help us to staff appropriately. Changes can be made throughout the summer as needed.

Camper Name _____ DOB/Age _____

Parent Name(s) _____

Primary Email _____

Primary Phone Number _____

Check here if your child has allergies that may require medications for special care.
Explain _____

I agree to the policies and procedures outlined in the brochure for the summer program. Additional policies and procedures can be found in our parent hand book.

Signature _____ Date _____

MAY/JUNE

MON	TUE	WED	THU	FRI
			31	1
4				
11				
18				
25				

JULY

MON	TUE	WED	THU	FRI
2				
9				
16				
23				
30				

AUGUST

MON	TUE	WED	THU	FRI
7				
14				

A typical camp day is from 9 am—1pm. Please indicate in the calendar boxes, the times you need for the days your child will be attending camp. (Ex: 9 - 1 or 7:30 - 4)