

Summer Camp Schedule

Dear Parents:

Please complete the form below and return it with your registration indicating the times that you will have your child/children in Noah's Ark for the summer.

We use this information to staff our classrooms with teachers and curriculum. Due to having staff in place, it is our policy to bill according to the days and times you have listed on this sheet.

_____ WILL BE IN Summer Camp as follows:

FULL TIME:

YES

NO

Approximate Arrival Time: _____

Approximate Pick-Up Time: _____

PART TIME:

YES

NO

Approximate Arrival Time: _____

Approximate Pick-Up Time: _____

If part time, please circle the days your child will be in Daycare.

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

Parent Signature

Today's Date

As stated above, this information will help us in planning for the personnel needed.
It is very important that we receive this information as soon as possible.

Thank you,
Cheryl A. Bodder
Director