

## DAY CAMP CHANGE OF STATUS FORM

Please complete this fo	rm for any changes to	your original registration—for	ward to the day camp reg	istrar
Camper's Name			Date	
Parent/Guardian's Nam	e			
Phone (h)		(w)	(c)	
PLEASE ADD				
Session Date	(Camp Name)			Select Days MTWRF
5 · D.				
Session Date	(Camp Name)			Select Days M I W R F
Session Date	(Camp Name)			Select Days MTWRF
Reason				
each camp session. You ma	y add a child to a camp ses	ted immediately. The remaining bal sion if space is available and it is re f the camp start date will have payn	ceived no later than Monday tl	ne week prior to the camp
				4.7./85
Session Date	(Camp Name)		·	Select Days MTWRF
Session Date				Select Days MTWRF
	(Camp Name)			
Session Date	(Camp Name)		·	Select Days MTWRF
	(camp rame)			
Select Reason for Wit				
<ul><li>☐ Cost of program</li><li>☐ Injury/illness</li><li>☐ Swit</li></ul>		m   Moved   Schedule ch al aid amount   Other:	anged   Job loss	
applicable). Cancellations wit is available and it is at least t	h less than a <b>three week</b> no hree weeks in advance. If yo:	ssion will receive a refund, minus the tice will forfeit the entire fee of camp u are transferring your child to a new red into previously registered camp s	. You may transfer your child to a camp session we will transfer th	another session if space ne deposit to the newly
SCHEDULE CHANGES	;			
Session Date	(Camp Name)		<b>From</b> M T W	R F <b>To</b> M T W R F
	, , ,		<b>-</b>	<b>_</b>
Session Date	(Camp Name)		<b>From</b> M T W	RF <b>To</b> MTWRF
Schedule changes for Teen	Trip camp are not permitt	ed.		
		5 minutes beyond the end of the Time:		
Parent/Guardian Signa	ature		Date	
Office Use Only	Rec'd	Posted	_Conf _	