



2019

Corpus Christi School
Summer Extension



	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Week 1 June 24—June 28	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care
Week 2 July 1 - July 5 NO CAMP 7/4	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	NO CAMP	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care
Week 3 July 8 — July 12	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care
Week 4 July 15— July 19	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care
Week 5 July 22 — July 26	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care
Week 6 July 29 — August 2	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care
Week 7 August 5 — August 9	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care
Week 8 August 12 — August 16	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care

Please use a separate form for each child.

Student Name: _____ Current Grade: _____

Parent/Guardian Names: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Number: (H) _____ (W) _____ (C) _____

Emergency Contact Name: _____ Number: _____

(other than parent/guardian)

Allergies / Medical Information (if needed): _____