

## Episcopal Day School of Evergreen Summer Camp 2020

Immunization Exemptions may affect chances of enrollment

CHILD'S NAME	
	MALE/FEMALE
PARENT/GUARDIAN_	
	WORK PHONE
EMAIL	
ADDRESS	
PARENT/GUARDIAN	
	WORK PHONE
,	
Does your child take m	g? □ Yes □ No Potty trained? □ Yes □ No □ Actively in Progress edication or have a medical condition? □ Yes (i.e. asthma/diabetes/allergies) □ No d? □ Yes □ No (Exempt) □ On a State Approved Catch-up Plan
	□ Monthly □ In Full
Do you plan to pay by:	□ cash/check/ACH (discount) or □ credit/debit card (NO discount)
PLEASE INDICA	ATE WHICH DAY(S) YOU WISH YOUR CHILD TO ATTEND THE 2020 SUMMER CAMP:
Monday T	uesday Wednesday Thursday Friday
We will be closed May	begin on Wednesday, May $20^{th}$ and operate through Tuesday, August $11^{th}$ . $\prime$ $25^{th}$ for Memorial Day and July $1^{st}$ - $7^{th}$ for the Independence Day Holiday. d Care will be available on a contract basis at an additional cost.
	SIGNATURE DATE

By signing this document, you agree to the terms and conditions of the Policies and Procedures of the Episcopal Day School of Evergreen, and understand that the registration fee is non-refundable.

Policies and Procedures are found at edse.org on the Forms and Policies page or in the EDSE office.