

## Episcopal Day School of Evergreen Summer Camp 2024

EDSE only accepts Medical Immunization Exemptions

CHILD'S	
NAME	
	MALE/FEMALE
PARENT/GUARDIAN	
HOME/CELL PHONE	WORK
PHONE	_
EMAIL	
ADDRESS	
PARENT/GUARDIAN	
HOME/CELL PHONE	WORK
PHONE	_
EMAIL	<del></del>
ADDRESS	
Is your child: Walking? ☐ Yes ☐ No	Potty trained? 🗆 Yes 🗆 No 🗀 Actively in Progress
Does your child take medication or ha	ive a medical condition? 🗆 Yes (i.e. asthma/diabetes/allergies) 🗖 No
Is your child fully immunized for their	r age? □ Yes □ No □ On a State Approved Catch-up Plan
Payment for Summer $\it Camp$ is due in full b	
• • • • •	ACH or □ credit/debit card will include a 3% transaction fee.
Extended Care (contract required) fees of	are billed separately and are due monthly.

## 2024 SUMMER CAMP:

Monday Tuesday Wedn	esday Thursday Friday
We will be closed May 27th for Memorial Da	hay 20 <sup>th</sup> and operate through Friday, August 16 <sup>th</sup> . By and July 1 <sup>st</sup> - 5 <sup>th</sup> for the Independence Day Holiday. Be on a contract basis at an additional cost.
SIGNATURE	

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.