

SANFORD DAY CAMP 2010 EXTENDED DAY CARE

**SANFORD
CAMPUS**

NORTH WILMINGTON**
ST. MARY MAGDALEN

NEWARK**

TUTOR
TIME

DANCE
CENTER

LAPETITE

*** (includes transportation to camp)*

Camper's Name _____

Female Male

Billing Name _____ **Sanford Employee** _____

Address _____ **Cross Street** _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Mothers Work Phone** _____ **Ext.** _____

Fathers Work Phone _____ **Ext.** _____

Alternate Contact _____ **Home Phone** _____

Camper's Birthdate _____ **Age** *(in years and months as of July 1st)* _____

School _____ **Grade** *(as of next September)* _____

No. Years _____ **Camp Attended Last Year** _____
(including this session attending our day camp)

Check Program Attending **Check One** **Indicate Approximate Arrival & Departure Times** **Indicate Number of Weeks**

Day Camp AM & PM _____ 2 3 4 5 6 7 8 9 10

Summer School AM ONLY _____ AM

PM ONLY _____ PM

Circle Dates of Attendance

6/14 6/21 6/28

7/6 7/12 7/19 7/26

8/2 8/9 8/16