

SANFORD DAY CAMP 2008 EXTENDED DAY CARE

**SANFORD
CAMPUS**

**NORTH WILM.
ST. MARY MAGD.**

(includes transportation to camp)

CAMPER'S NAME _____					FEMALE	MALE
BILLING NAME _____					SANFORD EMPLOYEE _____	
ADDRESS _____	CROSS STREET _____	CITY _____	STATE _____	ZIP _____		
() --- HOME PHONE	() --- MOTHER - WORK PHONE	EXT. _____	() --- FATHER - WORK PHONE	EXT. _____		
ALTERNATE CONTACT _____			() --- HOME PHONE			
/ / CAMPER'S BIRTHDATE	YRS _____ MOS _____ AGE(IN YEARS AND MONTHS AS OF JULY 1ST)					
SCHOOL _____			GRADE (AS OF NEXT SEPTEMBER) _____			
NO. YEARS _____ (INCLUDING THIS SESSION ATTENDING OUR DAY CAMP)			CAMP ATTENDED LAST YEAR _____			

CHECK PROGRAM ATTENDING	CHECK ONE	INDICATE APPROXIMATE ARRIVAL & DEPARTURE TIMES	INDICATE NUMBER OF WEEKS		
DAY CAMP	<input type="checkbox"/> AM & PM <input type="checkbox"/>		2 3 4 5 6 7 8 9 10		
SUMMER SCHOOL	<input type="checkbox"/> AM ONLY <input type="checkbox"/>	_____ -A.M.			
OTHER	<input type="checkbox"/>				
CIRCLE DATES OF ATTENDANCE					
		JUNE 16	JUNE 23	JUNE 30	
		JULY 7	JULY 14	JULY 21	JULY 28
		AUG 4	AUG 11	AUG 18	

office use