

SUMMETZ CAMP 2025

Child's Legal Name:				
(First)		(Last)	(Nickname if Applicable)	
hild's DOB:/	_/Age:	Gender:	Grade in Sept 2025:	
nild's Home Address:				
Parent/Guardian (1):		Parent/Guardian (2):		
(First) Email:	(Last)	(First)	(Last)	
Phone:				
Address:		Address:		
		-		

Extended After Care: 2:00pm - 4:00pm... \$___/day

□ Week 1: 7//25 - 7//25 □ (9:00-2:00) □ Week □ Week 2: 7//25 - 7//25 (9:00-2:00) □ Week 3: 7//25 - 7/_/25 (9:00-2:00)	Before Care (7:30-9:00): After Care (2:00-4:00): Before Care (7:30-9:00): After Care (2:00-4:00):		T T	W W	Th Th	-
□ Week 2: 7//25-7//25 (9:00-2:00) □ Week □ 7//25 7/_/25 (9:00-2:00)	·		T	\\/	 .	_
- Week 2: 7/ /25 7/ /25 (0.00 0.00)		Μ	Τ	W	Th Th	ı
□ Week 3: 7//25 - 7/_/25 (9:00-2:00) □	Before Care (7:30-9:00): After Care (2:00-4:00):	M	T T	W W	Th Th	l
7/ /25 7/ /25 7/ /25 10:00 2:00 -	Before Care (7:30-9:00): After Care (2:00-4:00):	M	T T	W W	Th Th	ı