



SEAVIEW CAMP

A Before and After School Child Care Initiative

WEEK OF _____

My child will be in Camp:

(Please "X" Camp days & sessions)

___ Mon AM
___ Tues AM
___ Wed AM
___ Thurs AM
___ Fri AM

___ Mon PM
___ Tues PM
___ Wed PM
___ Thurs PM
___ Fri PM

Child's Name: _____ Teacher _____

Please notify the office of any changes in schedule.

This form must be submitted to the Seaview Camp Clerk

Make checks payable to Linwood Board of Education



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