ST. DOMINIC SUMMER FUN SCHEDULE FORM

Child's Name:		Fo	ımily Last N	ame:		
Days: Time In: Time Out: Notes: Monday Tuesday Wednesday Thursday Friday Extra Camps (If your child will be leaving and returning to Summer Fun) *Please put any times that your child may be staring with us, leaving, and then returning to us Days: Time In: Time Out: Notes: Monday Tuesday Wednesday Thursday Friday Child's Name: Child's Summer Group: Schedule for Week of: Days: Time In: Time Out: Notes: Monday Tuesday Wednesday Thursday Friday Extra Camps (If your child will be leaving and returning to Summer Fun) *Please put any times that your child may be staring with us, leaving, and then returning to us Days: Time In: Time Out: Notes: Monday Extra Camps (If your child will be leaving and returning to Summer Fun) *Please put any times that your child may be staring with us, leaving, and then returning to us Days: Time In: Time Out: Notes:	Child's Name	::	 	_ Child's	l's Summer Group:	_
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