ST. DOMINIC SUMMER FUN SCHEDULE FORM

Family Last Name: _____

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			
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