

Summer Play (Infants- 2 year olds)

Name Of Child: _____

Hours Attending: _____

Current Teacher: _____

Specify Allergies: _____

Sibling 1: _____ Sibling 2: _____ Sibling 3: _____

Sibling 1 Age: _____ Sibling 2 Age: _____ Sibling 3 Age: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28 <small>CLOSE @ 12:00</small>	29

* WE WILL BE CLOSED AUGUST 31ST (MONDAY)