

***Please complete and return by March 1st. Thank you!***

In order to help with our final grouping and transportation, please provide the following information:

Own Transportation (Extended Hours: \_\_\_\_\_ AM; \_\_\_\_\_ PM)  
 Camp Transportation

**Preschool age only** - please circle days of week: M T W TH F

My child(ren)'s first and last name: \_\_\_\_\_ Please place my child(ren) in the same group as (must be in the same grade): \_\_\_\_\_

1) \_\_\_\_\_: \_\_\_\_\_

2) \_\_\_\_\_: \_\_\_\_\_

3) \_\_\_\_\_: \_\_\_\_\_