February Recess Camp 2020 VA Employee Registration Form						Please circle the days your child(ren) will be attending					
(Please return this form with your payment by February 7, 2020) Child(rens) Information:							MONDAY	<u>TUESDAY</u>	WEDNESDAY	<u>THURSDAY</u>	<u>FRIDAY</u>
Name		Grade	Allerg	ies Me	edications			Feb 18	Feb 19	Feb 20	Feb 21
						<u>Co</u>		hecks, Ma	er day (\$63 fo sterCard & V	isa Accepte	
Home Address:						(There is a 3% service charge for all card transactions)					
Home Telephone:						Exp. Date: CVV#: Please make checks payable to: Northport Employee's Day Care					
Parent (Guard	lian) 1		Parent (Gu	Parent (Guardian) 2							1+
Name:			Name:			*No refunds after enrollment has been processed*					
Cell #:			Cell #:			You are responsible for payment for all of the days you are registered for.					
Work #:			Work #:			No	switching	days. NO	EXCEPTIC		
E-Mail			E-Mail			(initial) Payment is due in FULL by February 7, 2020					
	n emergency a ving information					late	e fee of \$5	for every 1	n - 5:30pm. Y I0 minutes a up	fter 5:30pm	harged a . This is due
Name	Relationshi	Cell Phone #	Day Time Phone #	Address	Is this person allowed to pick up your child?	Th 7:3 *A	ere is NO e 80am. late fee of \$	early drop	off. Camp do	es not begi	
					Y N	Hc	ow to con	tact us:			
					Y N	Of	fice: 631		1035) ext 5866 VEM.COM		
Parent's Signature: Date:											