



# BELHAVEN CAMP

*Before and After School Learn & Play Opportunities*

*Please only use this form for Belhaven students  
Please submit at least one day in advance*

My child will be in Camp. Week of \_\_\_\_\_  
(Please "X" Camp days of attendance)

\_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri

Dismissal Procedure (choose one)

\_\_\_\_\_ Dismiss my child at \_\_\_\_\_ (indicate time).  
Your child will be permitted to walk home.

\_\_\_\_\_ I will pick up my child

Child's Name: \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Please notify the office of any changes in schedule. Please pay in advance.  
Make checks payable to Linwood Board of Education



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