

6th Grade Camp Payment Form

Return to Science Teacher

Student's Name _____

Science Teacher's Name _____

My child will definitely be going to camp.

_____ Payment of \$50.00 is attached. I understand that the full payment is due no later than Friday, May 3, 2019.

_____ Payment of _____ is attached. I understand that the full payment is due no later than Friday, May 3, 2019.

_____ Full payment is attached.

I understand that my child will be bringing home camp forms to fill out. These camp forms are due no later than Wednesday, April 10, 2019.

Parent's Name (please PRINT) _____

Parent signature _____ Contact number _____

Email address (ONLY IF USED) _____

Please check any that apply:

_____ My child takes prescription medication on a daily basis.

_____ My child has current prescription medication that he/she takes occasionally when needed. (examples: Epi-pen, prescription allergy meds, etc.)
NOTE: this DOES NOT INCLUDE any over the counter medications

_____ My child needs a special diet (i.e., vegetarian, etc.)