

## 2014 ISC SUMMER CAMP SCHEDULE CHANGE REQUEST FORM

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Schedule Change Policies:**

- All schedule changes must be done in writing to be verified by a camp director. You will be emailed a confirmation.
- Completed/confirmed forms will be added to your file and attached to your original Enrollment Contract you submitted.
- We cannot refund or substitute any trips missed by switching days.

**I would like to ADD the following days:**

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<b>6/16-6/20:</b>	<input type="checkbox"/> June 16	<input type="checkbox"/> June 17	<input type="checkbox"/> June 18	<input type="checkbox"/> June 19	<input type="checkbox"/> June 20
<b>6/23-6/27:</b>	<input type="checkbox"/> June 23	<input type="checkbox"/> June 24	<input type="checkbox"/> June 25	<input type="checkbox"/> June 26	<input type="checkbox"/> June 27
<b>6/30-7/3:</b>	<input type="checkbox"/> June 30	<input type="checkbox"/> July 1	<input type="checkbox"/> July 2	<input type="checkbox"/> July 3	CLOSED
<b>7/7-7/11:</b>	<input type="checkbox"/> July 7	<input type="checkbox"/> July 8	<input type="checkbox"/> July 9	<input type="checkbox"/> July 10	<input type="checkbox"/> July 11
<b>7/14-7/18:</b>	<input type="checkbox"/> July 14	<input type="checkbox"/> July 15	<input type="checkbox"/> July 16	<input type="checkbox"/> July 17	<input type="checkbox"/> July 18
<b>7/21-7/25:</b>	<input type="checkbox"/> July 21	<input type="checkbox"/> July 22	<input type="checkbox"/> July 23	<input type="checkbox"/> July 24	<input type="checkbox"/> July 25
<b>7/28-8/1:</b>	<input type="checkbox"/> July 28	<input type="checkbox"/> July 29	<input type="checkbox"/> July 30	<input type="checkbox"/> July 31	<input type="checkbox"/> August 1
<b>8/4-8/8:</b>	<input type="checkbox"/> August 4	<input type="checkbox"/> August 5	<input type="checkbox"/> August 6	<input type="checkbox"/> August 7	<input type="checkbox"/> August 8
<b>8/11-8/15:</b>	<input type="checkbox"/> August 11	<input type="checkbox"/> August 12	<input type="checkbox"/> August 13	<input type="checkbox"/> August 14	<input type="checkbox"/> August 15
<b>8/18-8/22:</b>	<input type="checkbox"/> August 18	<input type="checkbox"/> August 19	<input type="checkbox"/> August 20	<input type="checkbox"/> August 21	<input type="checkbox"/> August 22
<b>8/25-8/29:</b>	<input type="checkbox"/> August 25	<input type="checkbox"/> August 26	<input type="checkbox"/> August 27	<input type="checkbox"/> August 28	<input type="checkbox"/> August 29

**I would like to REMOVE the following days: (you MUST replace ALL removed days)**

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<b>6/16-6/20:</b>	<input type="checkbox"/> June 16	<input type="checkbox"/> June 17	<input type="checkbox"/> June 18	<input type="checkbox"/> June 19	<input type="checkbox"/> June 20
<b>6/23-6/27:</b>	<input type="checkbox"/> June 23	<input type="checkbox"/> June 24	<input type="checkbox"/> June 25	<input type="checkbox"/> June 26	<input type="checkbox"/> June 27
<b>6/30-7/3:</b>	<input type="checkbox"/> June 30	<input type="checkbox"/> July 1	<input type="checkbox"/> July 2	<input type="checkbox"/> July 3	CLOSED
<b>7/7-7/11:</b>	<input type="checkbox"/> July 7	<input type="checkbox"/> July 8	<input type="checkbox"/> July 9	<input type="checkbox"/> July 10	<input type="checkbox"/> July 11
<b>7/14-7/18:</b>	<input type="checkbox"/> July 14	<input type="checkbox"/> July 15	<input type="checkbox"/> July 16	<input type="checkbox"/> July 17	<input type="checkbox"/> July 18
<b>7/21-7/25:</b>	<input type="checkbox"/> July 21	<input type="checkbox"/> July 22	<input type="checkbox"/> July 23	<input type="checkbox"/> July 24	<input type="checkbox"/> July 25
<b>7/28-8/1:</b>	<input type="checkbox"/> July 28	<input type="checkbox"/> July 29	<input type="checkbox"/> July 30	<input type="checkbox"/> July 31	<input type="checkbox"/> August 1
<b>8/4-8/8:</b>	<input type="checkbox"/> August 4	<input type="checkbox"/> August 5	<input type="checkbox"/> August 6	<input type="checkbox"/> August 7	<input type="checkbox"/> August 8
<b>8/11-8/15:</b>	<input type="checkbox"/> August 11	<input type="checkbox"/> August 12	<input type="checkbox"/> August 13	<input type="checkbox"/> August 14	<input type="checkbox"/> August 15
<b>8/18-8/22:</b>	<input type="checkbox"/> August 18	<input type="checkbox"/> August 19	<input type="checkbox"/> August 20	<input type="checkbox"/> August 21	<input type="checkbox"/> August 22
<b>8/25-8/29:</b>	<input type="checkbox"/> August 25	<input type="checkbox"/> August 26	<input type="checkbox"/> August 27	<input type="checkbox"/> August 28	<input type="checkbox"/> August 29

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY: \_\_\_\_\_ Confirmed \_\_\_\_\_ DMS \_\_\_\_\_ CE