

2018 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 REMOVE the following days: (you MUST replace ALL removed days)

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

I would like to ADD the following days:

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

Parent Signature: _____ Date: _____

OFFICE USE ONLY: _____ Confirmed _____ DMS