**A BLAST FROM THE PAST**

**The  of**

 **Avon Lake**

**Date: August 11-15**

**Time: 9:00 am to 11:30 am Monday thru Friday**

**Location: Cornerstone Preschool**

**Fees ch program is $ 65.00 for the week**

**There is a $ 30.00 deposit to be made**

**with the application. The balance will**

**be due on the day of camp.**

 **Age Group: 4 – 8 years Old**

**Supplies: water bottle & a light snack**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHILDS NAME CHILDS DOB & AGE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT OR GARDIAN NAME HOME ADDRESS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME PHONE NUMBER WORK OR CELL #**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT EMAIL ADDRESS**

**Medical Information: List any medical or physical conditions your child may have.**