

2023 XL SUMMER CAMP SCHEDULE CHANGE REQUEST FORM

Child's Name: _____ Grade: _____
 Child's Name: _____ Grade: _____
 Child's Name: _____ Grade: _____

Schedule Change Policies:

- Schedule changes must be completed by Wednesday for the following camp week.
- 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, reschedule or substitute any field 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
6/19 – 6/23:	<input type="checkbox"/> June 19	<input type="checkbox"/> June 20	<input type="checkbox"/> June 21	<input type="checkbox"/> June 22	<input type="checkbox"/> June 23
6/26 – 6/30:	<input type="checkbox"/> June 26	<input type="checkbox"/> June 27	<input type="checkbox"/> June 28	<input type="checkbox"/> June 29	<input type="checkbox"/> June 30
7/3– 7/7:	<input type="checkbox"/> July 3	NO CAMP	<input type="checkbox"/> July 5	<input type="checkbox"/> July 6	<input type="checkbox"/> July 7
7/10 – 7/14:	<input type="checkbox"/> July 10	<input type="checkbox"/> July 11	<input type="checkbox"/> July 12	<input type="checkbox"/> July 13	<input type="checkbox"/> July 14
7/18 – 7/22:	<input type="checkbox"/> July 17	<input type="checkbox"/> July 18	<input type="checkbox"/> July 19	<input type="checkbox"/> July 20	<input type="checkbox"/> July 21
7/24 – 7/28:	<input type="checkbox"/> July 24	<input type="checkbox"/> July 25	<input type="checkbox"/> July 26	<input type="checkbox"/> July 27	<input type="checkbox"/> July 28
7/31 – 8/4:	<input type="checkbox"/> July 31	<input type="checkbox"/> August 1	<input type="checkbox"/> August 2	<input type="checkbox"/> August 3	<input type="checkbox"/> August 4
8/7 – 8/11:	<input type="checkbox"/> August 7	<input type="checkbox"/> August 8	<input type="checkbox"/> August 9	<input type="checkbox"/> August 10	<input type="checkbox"/> August 11
8/14 – 8/18:	<input type="checkbox"/> August 14	<input type="checkbox"/> August 15	<input type="checkbox"/> August 16	<input type="checkbox"/> August 17	<input type="checkbox"/> August 18
8/21 – 8/25:	<input type="checkbox"/> August 21	<input type="checkbox"/> August 22	<input type="checkbox"/> August 23	<input type="checkbox"/> August 24	<input type="checkbox"/> August 25
8/28 – 9/1:	<input type="checkbox"/> August 28	<input type="checkbox"/> August 29	<input type="checkbox"/> August 30	<input type="checkbox"/> August 31	<input type="checkbox"/> September 1

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

Dates	Monday	Tuesday	Wednesday	Thursday	Friday
6/19 – 6/23:	<input type="checkbox"/> June 19	<input type="checkbox"/> June 20	<input type="checkbox"/> June 21	<input type="checkbox"/> June 22	<input type="checkbox"/> June 23
6/26 – 6/30:	<input type="checkbox"/> June 26	<input type="checkbox"/> June 27	<input type="checkbox"/> June 28	<input type="checkbox"/> June 29	<input type="checkbox"/> June 30
7/3– 7/7:	<input type="checkbox"/> July 3	NO CAMP	<input type="checkbox"/> July 5	<input type="checkbox"/> July 6	<input type="checkbox"/> July 7
7/10 – 7/14:	<input type="checkbox"/> July 10	<input type="checkbox"/> July 11	<input type="checkbox"/> July 12	<input type="checkbox"/> July 13	<input type="checkbox"/> July 14
7/18 – 7/22:	<input type="checkbox"/> July 17	<input type="checkbox"/> July 18	<input type="checkbox"/> July 19	<input type="checkbox"/> July 20	<input type="checkbox"/> July 21
7/24 – 7/28:	<input type="checkbox"/> July 24	<input type="checkbox"/> July 25	<input type="checkbox"/> July 26	<input type="checkbox"/> July 27	<input type="checkbox"/> July 28
7/31 – 8/4:	<input type="checkbox"/> July 31	<input type="checkbox"/> August 1	<input type="checkbox"/> August 2	<input type="checkbox"/> August 3	<input type="checkbox"/> August 4
8/7 – 8/11:	<input type="checkbox"/> August 7	<input type="checkbox"/> August 8	<input type="checkbox"/> August 9	<input type="checkbox"/> August 10	<input type="checkbox"/> August 11
8/14 – 8/18:	<input type="checkbox"/> August 14	<input type="checkbox"/> August 15	<input type="checkbox"/> August 16	<input type="checkbox"/> August 17	<input type="checkbox"/> August 18
8/21 – 8/25:	<input type="checkbox"/> August 21	<input type="checkbox"/> August 22	<input type="checkbox"/> August 23	<input type="checkbox"/> August 24	<input type="checkbox"/> August 25
8/28 – 9/1:	<input type="checkbox"/> August 28	<input type="checkbox"/> August 29	<input type="checkbox"/> August 30	<input type="checkbox"/> August 31	<input type="checkbox"/> September 1

Parent Signature: _____ Date: _____

OFFICE USE ONLY: _____ Confirmed _____ DMS