



Zion Lutheran SUMMER CAMP 2025: Intended Use Form

3401 East River Road, Mount Pleasant, MI
48858 989.772.1516

Child(ren)'s Name(s) & Age(s): _____

Parent's Name: _____ **Phone:** _____

Address: _____ **Email:** _____

1. Please indicate what days your child(ren) will attend by writing the approximate times of attendance in each square (ie: 8-4:30). Leave blank if your child(ren) will not attend.
2. If you need care on a day you have not signed up for, please call at least 24 hours in advance.
3. Drop offs available with a 24-hour notice.
4. All Payments are due by Friday of the week your child(ren) is attending. Failure to make payment may result in the loss of child care.

WEEK	MON	TUES	WED	THURS	FRI
JUNE 9-13					
JUNE 16-20					
JUNE 23-27					
JUN 29- JUL 4	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
JULY 7-11					
JULY 14-18					
JULY 21-25					
JULY 28- AUG 1					
AUGUST 4-8					
AUGUST 11-15					

Parent Signature: _____ **Date:** _____