



## Child of God Summer Camp - Change Day Form

Parent Name: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name:

Date/s ADDED:

Date/s REMOVED:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NOTIFICATION OF APPROVAL WILL BE MADE WITHIN 24 HOURS OF DATE OF FORM SUBMISSION.**

I understand that in order to avoid being charged a drop in fee of \$50/child, this form must be submitted the Monday prior to the requested week of change. I understand that no change in days requests will be emailed or phoned into the office; all requests must be through this form--NO EXCEPTIONS. I further understand that due to new restrictions that limit the class sizes, drop in's are prohibited. In the unlikely event a drop in is made without form submission/approval and there is not room in the class, I will be called to pick up my child/children. No refunds will be given for failing to show on an added date.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any questions please email Sarah Graham, our Camp Director at [summercamp@cogics.com](mailto:summercamp@cogics.com).

We thank you for your cooperation!