

Drop Notice

Main Account Barcode #: _____

Community Center: _____

Date: _____

My child(ren): *List the names of each child on separate lines.
Check the box for the programs each child **WILL NOT** attend.*

Child: _____ (first and last name)

Before School	After School	Summer Camp	Break Camps
<input type="checkbox"/> September	<input type="checkbox"/> September	<input type="checkbox"/> Week 1	<input type="checkbox"/> Dec. Winter Break Wk. 1
<input type="checkbox"/> October	<input type="checkbox"/> October	<input type="checkbox"/> Week 2	<input type="checkbox"/> Dec. Winter Break Wk. 2
<input type="checkbox"/> November	<input type="checkbox"/> November	<input type="checkbox"/> Week 3	<input type="checkbox"/> Spring Break
<input type="checkbox"/> December	<input type="checkbox"/> December	<input type="checkbox"/> Week 4	<input type="checkbox"/> One Day Camp Oct.
<input type="checkbox"/> January	<input type="checkbox"/> January	<input type="checkbox"/> Week 5	<input type="checkbox"/> One Day Camp Jan.
<input type="checkbox"/> February	<input type="checkbox"/> February	<input type="checkbox"/> Week 6	<input type="checkbox"/> Mid-Winter Break Camp
<input type="checkbox"/> March	<input type="checkbox"/> March	<input type="checkbox"/> Week 7	<input type="checkbox"/> Nov. Conference Day
<input type="checkbox"/> April	<input type="checkbox"/> April	<input type="checkbox"/> Week 8	<input type="checkbox"/> Misc. _____
<input type="checkbox"/> May	<input type="checkbox"/> May	<input type="checkbox"/> Week 9	<input type="checkbox"/> Misc. _____
<input type="checkbox"/> June	<input type="checkbox"/> June	<input type="checkbox"/> Week 10	

Child: _____ (first and last name)

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I am releasing the scholarship allocations for these programs.

Parent/Guardian Print Name

Parent/Guardian Signature

Official Use Only: Submit to Seattle Parks Scholarship Office, Box 25

Site Staff Name: _____ Date: _____