

**ST. FRANCIS OF ASSISI PARISH
FUN IN THE SUN SUMMER CAMP
9 ST. FRANCIS WAY
LITCHFIELD, NH 03052**

ADDITIONAL ADD ON CARE FORM

Date of Drop Off: _____

Child(ren) being dropped off:

Name: _____

Name: _____

Name: _____

Name: _____

I, _____, understand that I am dropping my child(ren) off at
Parent name

Fun in the Sun Summer Camp on days for which they were not previously registered. I also understand that there is a \$35 fee per child per day for drop off care. **I understand that payment must be made at the time of drop off.**

Parent Signature: _____

Office Use Only

Date Paid: _____

Check / Cash

Check #: _____

Rec'd by: _____