

2010 WASHINGTON SCHOOL SUMMER DAY CAMP 2010

Student Copy – Complete the schedule below and **WILL BE RETAINED IN STUDENT’S HOMEROOM**

NAME _____ HOMEROOM _____

(PLEASE PRINT NAME)

| TIME | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|-------------------------|--------------|--------------|--------------|--------------|--------------|
| | ----- | ----- | ----- | ----- | ----- |
| 9:30 - 11:30 AM | | | | | ----- |
| | ----- | ----- | ----- | ----- | ----- |
| 11:30 - 12:30 PM | LUNCH | LUNCH | LUNCH | LUNCH | LUNCH |
| 12:30 - 2:00 PM | | | | | ----- |
| 2:00 - 3:00 PM | | | | | ----- |

STUDENT MUST KNOW HIS OR HER SCHEDULE WHEN ATTENDING CAMP

BAYONNE BOARD OF EDUCATION COMMUNITY EDUCATION PROGRAM

CAMP DIRECTOR COPY-Will be held by Camp Director

2010 WASHINGTON SCHOOL SUMMER DAY CAMP 2010

NAME _____ AGE _____ HOMEROOM _____

ADDRESS _____ PHONE _____ REGISTRATION FEE _____

SCHOOL _____ GRADE (SEPT. 2010) _____ BIRTH DATE _____

*Make Checks or Money Orders Payable to: *BAYONNE BOARD OF EDUCATION--NO CASH**

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|-------------------------|--------------|--------------|--------------|--------------|--------------|
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