

# CREW Schedule Form 2019

**Child's Name:** \_\_\_\_\_ Please check the weeks and circle the days and write in the hours you wish to sign up for the **CREW** program.

	<b>Circle days</b>		<b>Hours</b>
• _____ July 8-12	M T W F		_____
• _____ July 15-19	M T W F		_____
• _____ July 22-26	M T W F		_____
• _____ July 29- Aug 2	M T W F		_____
• _____ Aug. 5-9	M T W F		_____
• _____ Aug. 12-16	M T W F		_____
• _____ Aug. 19-23	M T W F		_____

**Please initial:**

\_\_\_\_\_ I understand that CREW is a volunteer position.

\_\_\_\_\_ I understand that I must comply with CREW guidelines and can not make schedule changes without discussing the changes with the Summer Adventure Directors & the CREW Coordinator.

\_\_\_\_\_ I understand that if I pick up my child after the 6pm closing time, I will pay late fees in accordance with the Parent Handbook.

\_\_\_\_\_ I understand that upon my child entering the program, Summer Adventures must have, on file, a medical form signed by the child's doctor.

\_\_\_\_\_ I understand that I must notify Summer Adventures **daily** if my child will be absent.

\_\_\_\_\_ I understand that I must notify Summer Adventures if someone other than a parent is to pick up my child. I will also remind the pick-up person to bring a photo ID.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_