

CREW Schedule Form 2020

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.

	Circle days		Hours
• _____ July 6-10	M T W F		_____
• _____ July 13-17	M T W F		_____
• _____ July 20-24	M T W F		_____
• _____ July 27- 31	M T W F		_____
• _____ Aug. 3-7	M T W F		_____
• _____ Aug. 10-14	M T W F		_____
• _____ Aug. 17-21	M T W F		_____
• _____ Aug 24-28	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:** _____