

Drop Notice

ACTIVE Net Head of Household #: _____

Community Center / Program Name: _____

 My child(ren) **WILL NOT** be attending the checked programs listed below.

Child's Name (LAST, FIRST): _____ **Date of Birth:** _____

2023 Summer Camp		2023-2024 School Year Programs		
School Age Camp	Preschool Camp	After School	School Break Camps	Preschool
<input type="checkbox"/> Week 1; Jul 3-7 short week	<input type="checkbox"/> Week 1; July 10-14	<input type="checkbox"/> September	<input type="checkbox"/> Winter Break Wk. 1	<input type="checkbox"/> September
<input type="checkbox"/> Week 2; July 10-14	<input type="checkbox"/> Week 2; July 17-21	<input type="checkbox"/> October	<input type="checkbox"/> Winter Break Wk. 2	<input type="checkbox"/> October
<input type="checkbox"/> Week 3; July 17-21	<input type="checkbox"/> Week 3; July 24-28	<input type="checkbox"/> November	<input type="checkbox"/> Mid-Winter Break	<input type="checkbox"/> November
<input type="checkbox"/> Week 4; July 24-28	<input type="checkbox"/> Week 4; July 31-Aug 4	<input type="checkbox"/> December	<input type="checkbox"/> Spring Break	<input type="checkbox"/> December
<input type="checkbox"/> Week 5; July 31- Aug-4	<input type="checkbox"/> Week 5; Aug 7-11	<input type="checkbox"/> January		<input type="checkbox"/> January
<input type="checkbox"/> Week 6; Aug 7-11	<input type="checkbox"/> Week 6; Aug 14-18	<input type="checkbox"/> February	<input type="checkbox"/> Day between Semesters	<input type="checkbox"/> February
<input type="checkbox"/> Week 7; Aug 14-18	<input type="checkbox"/> Week 7; Aug 21-25	<input type="checkbox"/> March	<input type="checkbox"/> Nov. Conference Day	<input type="checkbox"/> March
<input type="checkbox"/> Week 8; Aug 21-25		<input type="checkbox"/> April	<input type="checkbox"/> Prof. Development Days	<input type="checkbox"/> April
<input type="checkbox"/> Week 9; Aug 28-30 short week		<input type="checkbox"/> May	<input type="checkbox"/> Other: _____	<input type="checkbox"/> May
		<input type="checkbox"/> June		<input type="checkbox"/> June

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		<input type="checkbox"/> June		<input type="checkbox"/> June

 I am releasing the scholarship subsidy for the above checked program(s) for my child(ren). I am submitting notification **two weeks** before the start of the program(s) to scholarship.parks@seattle.gov or to front desk staff.

Parent/Guardian Print Name

Parent/Guardian Signature

Date

 Site Staff Name (PRINT) : _____ Date: _____ email form to scholarship.parks@seattle.gov or send to box 14