

**2020 SAINT PAUL SUMMER CAMP
BEFORE CARE/AFTER CARE SIGN UP SHEET**

CAMPER NAME: _____ AGE: _____

BEFORE CARE						AFTER CARE					
SESSION 1						SESSION 1					
DATES (CIRCLE DAYS NEEDED)	6/14	6/15	6/16	6/17	6/18	DATES (CIRCLE DAYS NEEDED)	6/14	6/15	6/16	6/17	6/18
TIMES (PLEASE LIST)						TIMES (PLEASE LIST)					
SESSION 2						SESSION 2					
DATES (CIRCLE DAYS NEEDED)	6/21	6/22	6/23	6/24	6/25	DATES (CIRCLE DAYS NEEDED)	6/21	6/22	6/23	6/24	6/25
TIMES (PLEASE LIST)						TIMES (PLEASE LIST)					
SESSION 3						SESSION 3					
DATES (CIRCLE DAYS NEEDED)	6/28	6/29	6/30	7/1	7/2	DATES (CIRCLE DAYS NEEDED)	6/28	6/29	6/30	7/1	7/2
TIMES (PLEASE LIST)						TIMES (PLEASE LIST)					
SESSION 4						SESSION 4					
DATES (CIRCLE DAYS NEEDED)		7/6	7/7	7/8	7/9	DATES (CIRCLE DAYS NEEDED)		7/6	7/7	7/8	7/9
TIMES (PLEASE LIST)						TIMES (PLEASE LIST)					
SESSION 5						SESSION 5					
DATES (CIRCLE DAYS NEEDED)	7/12	7/13	7/14	7/15	7/16	DATES (CIRCLE DAYS NEEDED)	7/12	7/13	7/14	7/15	7/16
TIMES (PLEASE LIST)						TIMES (PLEASE LIST)					
SESSION 6						SESSION 6					
DATES (CIRCLE DAYS NEEDED)	7/19	7/20	7/21	7/22	7/23	DATES (CIRCLE DAYS NEEDED)	7/19	7/20	7/21	7/22	7/23
TIMES (PLEASE LIST)						TIMES (PLEASE LIST)					
SESSION 7						SESSION 7					
DATES (CIRCLE DAYS NEEDED)	7/26	7/27	7/28	7/29	7/30	DATES (CIRCLE DAYS NEEDED)	7/26	7/27	7/28	7/29	7/30
TIMES (PLEASE LIST)						TIMES (PLEASE LIST)					
SESSION 8						SESSION 8					
DATES (CIRCLE DAYS NEEDED)	8/2	8/3	8/4	8/5	8/6	DATES (CIRCLE DAYS NEEDED)	8/2	8/3	8/4	8/5	8/6
TIMES (PLEASE LIST)						TIMES (PLEASE LIST)					
SESSION 9						SESSION 9					
DATES (CIRCLE DAYS NEEDED)	8/9	8/10	8/11	8/12	8/13	DATES (CIRCLE DAYS NEEDED)	8/9	8/10	8/11	8/12	8/13
TIMES (PLEASE LIST)						TIMES (PLEASE LIST)					