

## 2023–24 Sun Valley Kids Winter Camp Request Form

Parent/Guardian Name:						Email: _		
Permanent Address:							_ Phone: _	
Please check one: Employee * Resident **						* Gue	est	
Child	(ren) Inf	ormati	on:					
1.	Child's	Name:						
	Age:		Date of birth: _		Po	tty Trained?	Yes	No
2.	Child's	Name:						
	Age:		Date of birth: _		Po	tty Trained?	Yes	No
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		•	<b>ested (please p</b> fter please conto				nool@sunval	ley.com
Nove	mber:							
Decei	mber:							
Janu	ary: .							
Febru	uary: .							
Marc	h: .							
Pleas	se select	progra	am length:	Half d	ays (9am-	1pm)	Full days	s (9am-4pm)

These dates are a request only and not guaranteed unless you receive a confirmation email regarding availability. Winter Camp has a 30-day cancelation policy, full rate will apply for any changes within the 30 days window.

\* Employees: please provide department name and employee #

\*\* Residents: please attach a copy of your ID Drivers' License or the child's Blaine County School Report Card.