

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:** _____

2024 Summer Camp		2024-2025 School Year Programs		
School Age Camp	Preschool Camp	After School	School Break Camps	Preschool
<input type="checkbox"/> Week 1; June 25-28 short week	<input type="checkbox"/> Week 1; July 1-5(no 7/4)	<input type="checkbox"/> September	<input type="checkbox"/> Nov. Conference Day	<input type="checkbox"/> September
<input type="checkbox"/> Week 2; July 1-5 (no 7/4)	<input type="checkbox"/> Week 2; July 8-12	<input type="checkbox"/> October	<input type="checkbox"/> Winter Break Wk. 1	<input type="checkbox"/> October
<input type="checkbox"/> Week 3; July 8-12	<input type="checkbox"/> Week 3; July 15-19	<input type="checkbox"/> November	<input type="checkbox"/> Winter Break Wk. 2	<input type="checkbox"/> November
<input type="checkbox"/> Week 4; July 15-19	<input type="checkbox"/> Week 4; July 22-26	<input type="checkbox"/> December	<input type="checkbox"/> Mid-Winter Break	<input type="checkbox"/> December
<input type="checkbox"/> Week 5; July 22-26	<input type="checkbox"/> Week 5; July 29-Aug 2	<input type="checkbox"/> January	<input type="checkbox"/> Spring Break	<input type="checkbox"/> January
<input type="checkbox"/> Week 6; July 29-Aug 2	<input type="checkbox"/> Week 6; Aug 5-9	<input type="checkbox"/> February		<input type="checkbox"/> February
<input type="checkbox"/> Week 7; Aug 5-9	<input type="checkbox"/> Week 7; Aug 12-16	<input type="checkbox"/> March		<input type="checkbox"/> March
<input type="checkbox"/> Week 8; Aug 12-16	<input type="checkbox"/> Week 8; Aug 19-23	<input type="checkbox"/> April		<input type="checkbox"/> April
<input type="checkbox"/> Week 9; Aug 19-23		<input type="checkbox"/> May		<input type="checkbox"/> May
<input type="checkbox"/> Week 10; Aug 26-28 short week		<input type="checkbox"/> June		<input type="checkbox"/> June

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 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

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