



SEAVIEW CAMP

Before and After School Learn & Play Opportunities, Grades K-4

Please use this form for Seaview students. Please submit at least one day in advance

My child will be in Camp. Week of _____

Monday
AM ___ PM ___

Tuesday
AM ___ PM ___

Wednesday
AM ___ PM ___

Thursday
AM ___ PM ___

Friday
AM ___ PM ___

Child's Name: _____ Homeroom Teacher _____

Please notify the office of any changes in schedule. Please pay in advance.
Make checks payable to Linwood Board of Education



SEAVIEW SCHOOLS CAMP

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