# 2013 SUMMER FUN WITH EPICKIDS

Child's Last Name	First Name	Age
School Attended/ City		Last Grade Completed
oes the child have any phsical or mental disabilites	? (please indicate)	
Does the child have any allergies or require medicati	on? (please indicate)	
Parent's Name	Phone	Secondary Phone
-ull Address		Emai Address
mergency Contact		
Name and Realationship to Child	Primary Phone Number	Secondary Phone Number
<b>DROP OFF PICK UP</b> 8:00-9:00am 4:00-5:00pm		

#### MON-FRI 8:00-5:00

Session 1: June 11 -15 Session 2: June 18 - 22 Session 3: June 25 - 29 Sesssion 4: July 9 - 13

## WHAT TO BRING

\*Labeled Lunch: that does not require reheating

\*Labeled water bottle: **Refillable preferred** 

\*\*\*Snack is provided

## THEMED DAYS

Monday: Sock Day Tuesday: Crazy Hair/ Hat Day Wednesday: Super Hero Day Thursday: Pajama Day Friday: Favorite Color Day

#### **REGISTER TODAY!**

Turn in form with check or cash to office or call 562.716.8789 www.epickidsprograms.com



\$300/ session (M-F for 8 hours per day) \$175/half session (M-F for 4 hours per day)



# 562.716.8789

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## **JOIN US FOR FAMILY NIGHT!**

4:30-5:00 every Friday Art Show **Science Fair Talent Show**