

MOSAIC Camp School Trip 2009 – Cragmont Response Form

**WE NEED ALL FAMILIES TO COMPLETE AND RETURN THIS FORM
EVEN IF YOU ARE NOT PLANNING TO HAVE YOUR CHILD ATTEND OR HAVE CONCERNS
THAT NEED TO BE ADDRESSED BEFORE MAKING A DECISION.**

Return completed forms to your classroom teacher

Student Name: _____

Parent/Guardian Name: _____

ATTENDANCE INTENT

Yes, I plan to have my child attend MOSAIC CAMP.

I have concerns, please contact me at _____

SPECIAL CONSIDERATIONS

I understand that my child will attend one of two sessions. I would like to ask that my child be placed in Session 1: September 21-25 / Session 2: September 28-October 2 for the following reason/s that would prevent my child from attending the other session:

I would like to borrow the following item(s) for the trip: _____

PAYMENT DETAILS

I am enclosing payment with this form – please give all checks to your current teacher for collection (make check out to: “*Cragmont Elementary School-Mosaic*”; list child’s name in Memo field)

\$395 full payment

\$100 deposit payment

other amount \$ _____

I am also enclosing an additional \$ _____ to be applied toward scholarship funds

I will send payment at a later time

I would like to be contacted to receive more information about scholarship funds

Please contact me at _____