



# Under the Sea Thursday, March 1 12:15—3:00



Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## LS AfterCare Students: (PLEASE RETURN THIS FORM IF YOU REGULARLY ATTEND AFTER CARE ON THURSDAYS – IT HELPS WITH OUR STAFF PLANNING!):

- Yes, I am planning on attending Under the Sea I will be picked up by 6pm.
- No, I will not be attending.
  - \_\_\_\_ I will be picked up at the LS campus by 12:15pm
  - \_\_\_\_ I would like to ride the bus to the US campus and will be picked up at 12:30pm.

## Non-AfterCare Guests, you are invited to join us in a special after-school event!!

- Yes, I would love to join you for the fun performances and recess time! (12:15 - 3:00pm, pick up at 3:00) **Fee: \$35**
- Yes, I would love to stay all afternoon! (12:15 – pick-up at LS by 6pm) **Fee: \$45**

### Payment Information:

I have enclosed a check for \$ \_\_\_\_\_  
\*Please make checks payable to: **Sidwell Friends**

Please charge my VISA or MasterCard for \$ \_\_\_\_\_  
Name on Credit Card: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

With credit card information, this form can be faxed to (202) 537-2483.

**Please return forms to the Health Office at the Lower School or mail to  
Sidwell Summer, 3825 Wisconsin Ave., NW Washington, DC 20016**

**Questions?** Please call the Sidwell Summer Office at (202) 537-8133 or e-mail RagerJ@sidwell.edu.



