

Attachment to Provider Agreement
Program Closure Information
Closure verification for Summer of 2025

SUMMER CAMPS

Program Name _____

4th of July holiday observed _____

_____	_____	_____	_____
Open	Closed	Parents Billed	Not Billed

Additional Closures: _____

_____	_____	_____
Date	Parents Billed	Not Billed

_____	_____	_____
Date	Parents Billed	Not Billed

_____	_____	_____
Date	Parents Billed	Not Billed

_____	_____	_____
Date	Parents Billed	Not Billed

_____	_____	_____
Date	Parents Billed	Not Billed

Signature: _____

Date: _____