

Mirror Lake Middle School

Mrs. Alexandra Hagler, Principal
22901 Lake Hill Drive
Chugiak, Alaska 99567
907-742-3500



Home of the Coyotes!

My child has permission to participate in the Camp Coyote at Mirror Lake Middle School on either August 14th or 15th from 9:00 a.m. until 1:00 p.m.

I understand that I will be responsible for any transportation needed for the camp. Students will be held accountable for their behavior during the camp and will be required to follow all school rules.

\$5.00 Camp Registration Fee Paid

_____ Check #

_____ Cash

_____ Zangle
Online Payment*
(After July 1)

*Online receipt must be attached

N/A or YES My son/daughter takes medication or has allergies. I have notified the teacher in charge.

Name of medication / allergy: _____

Time(s) for medication: _____

Phone number that I can be reached at during the camp hours: _____

Camp date preference (circle one)

Monday, August 14

Tuesday, August 15

Printed Student First and Last Name

Grade: 6 7 8
(Please circle one)

Parent/Guardian Signature

2017
(Date parent paid for camp)

(tear off and return this bottom portion to the parent)

Receipt for payment of Mirror Lake Middle School Camp Coyote fee.

Student Name: _____ Date paid: _____ 2017

Amount paid: \$5.00 (or other \$ _____) **Camp Date Chosen:** Mon. Aug. 14 Tues. Aug. 15 (circle one)

Paid by cash: _____ Paid by check # _____ Paid online _____ *Online receipt must be attached

Receipt acknowledged by: _____