



Camp Infinity Closure Letter

Center Name:		Month:	
Teachers In charge:			

➤ **Number of Students enrolled:**

2-3 yrs:

3-5 yrs:

5-8 yrs:

8-12 yrs:

➤ **Summary of Parent Feedback Forms:**

➤ **Summary of Teachers Feedback Forms:**

➤ **Challenges faced, if any:**

Center Head Signature & Date