

**ASSUMPTION CATHOLIC SCHOOL
SUMMER CAMP REGISTRATION 2008
For children ages 3 - 12 as of September 1, 2007**

Last Name	First Name	Date of Birth	Age	M/F	Current Grade
1					
2					
3					

Child(ren)

Parent Information:

Father and/or Guardian's Name Work Phone Cell Number

Mother and/or Guardian's Name Work Phone Cell Number

Home Street Address Home Phone

City Zip Code

Emergency Contacts:

Name Relationship Phone

Name Relationship Phone

Dates Requested (Please indicate weeks requested)

Week of	Summer Camp	Camp with Day Care		Week of	Summer Camp	Camp with Day Care
June 9				July 7		
June 16				July 14		
June 23				July 21		
June 30				July 28		
				Aug. 4		

Fees: A \$100.00 **per child non-refundable** registration fee is due with registration. There are a limited number of spaces available. Registrations will be accepted on a **first come first served** basis.

All campers must wear the 2008 official camp t-shirt on all field trips.

Summer Camp Fees:

Number of Children	Summer Camp Only 9:00 a.m.-3:00 p.m.	Summer Camp with Day Care 7:00 a.m.-6:00 p.m.	
One Child	\$ 85.00 per week	\$130.00 per week	
Two Children	\$140.00 per week	\$210.00 per week	
Three Children	\$185.00 per week	\$285.00 per week	

For Office Use

DATE									
AMT									
#									
PLEASE COMPLETE SIDE 2									

The following individuals are permitted to pick-up my child (ren) from Assumption Catholic School Summer Camp. ***I understand that I will need to send a note with my child (ren) if any other individual will be picking up. I also understand that the faculty and staff may ask for picture ID before releasing my child (ren) to any individual.***

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Medical Information:

Camper's Name: _____

Physician's Name: _____ Phone: _____

Is camper taking prescription or over-the-counter medication on a regular basis, such as Insulin, Dilantin, Ritalin, etc? If yes, please specify. _____

Does camper have any physical disabilities of which the school should be aware (allergies, asthma, epilepsy, diabetes, eye or ear problems, or limitations of normal activities)? NO YES

If yes, please specify _____

Medical Information:

Camper's Name: _____

Physician's Name: _____ Phone: _____

Is camper taking prescription or over-the-counter medication on a regular basis, such as Insulin, Dilantin, Ritalin, etc? If yes, please specify. _____

Does camper have any physical disabilities of which the school should be aware (allergies, asthma, epilepsy, diabetes, eye or ear problems, or limitations of normal activities)? NO YES

If yes, please specify _____

Medical Information:

Camper's Name: _____

Physician's Name: _____ Phone: _____

Is camper taking prescription or over-the-counter medication on a regular basis, such as Insulin, Dilantin, Ritalin, etc? If yes, please specify. _____

Does camper have any physical disabilities of which the school should be aware (allergies, asthma, epilepsy, diabetes, eye or ear problems, or limitations of normal activities)? NO YES

If yes, please specify _____