

ASSUMPTION CATHOLIC SCHOOL SUMMER CAMP REGISTRATION 2009

For children ages 3 - 12 as of September 1, 2009

Child(ren)

Last Name	First Name	Date of Birth	Age	Current Grade

Parent Information:

Father and/or Guardian's Name	Work Phone	Cell Number
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Mother and/or Guardian's Name	Work Phone	Cell Number
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Home Street Address	Home Phone
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City	Zip Code
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Emergency Contact:

Name	Relationship	Phone
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Requested: (Please indicate weeks requested)

Week of	Summer Camp	Camp With Day Care		Week of	Summer Camp	Camp With Day Care
June 1				July 6th		
June 8th				July 13th		
June 15th				July 20th		
June 22nd				July 27th		
June 29				August 3rd		

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 2009 official camp T-shirt on all field trips.

Summer Camp Fees:

Number of Children	Summer Camp Only (9am-3pm)	Summer Camp + Day Care (7am-6pm)
One Child	\$85.00 per week	\$130.00 per week
Two Children	\$150.00 per week	\$220.00 per week
Three Children	\$200.00 per week	\$300.00 per week

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 _____