**E-Mail:**



**OUR SAVIOUR CATHOLIC SCHOOL**

 ***2015 SUMMER CAMP REGISTRATION FORM***

**FAMILY INFORMATION:**

|  |
| --- |
| **FAMILY LAST NAME HOME PHONE** |
| HOME ADDRESS CITY ZIP  |
| FATHER’S / MALE GUARDIAN NAME (FIRST, LAST) WORK PHONE CELL #  |
| MOTHER’S / FEMALE GUARDIAN NAME (FIRST, LAST) WORK PHONE CELL #  |

**STUDENT INFORMATION:**

|  |
| --- |
| ***Student Name Gender M/F Birth Date Grade for 2015/2016***  |
|  |
|  |
|  |
|  |

EMERGENCY CONTACT INFORMATION

***MUST BE PROVIDED IF PERMITTED TO PICK UP CHILD/REN***

In the event of an emergency we will make every attempt to reach you, or the contacts listed below. However, if we are unable to reach you or a designated contact, the Physician indicated on your medical information form will be called for instructions. If your child needs emergency care and/or transport by ambulance your signature below authorizes Our Saviour Catholic School to arrange for such care and transport.

|  |
| --- |
| **ALTERNATE CONTACT/PICK-UP INFORMATION:****Name: Home #: Cell #: Work #:** |
| **1.** |
| **2.** |
| **3.** |

**Medical Information**:

|  |
| --- |
| **Primary Physician Phone Number Insurance Company & Policy Number** |
|  |
| **Allergies: Yes/No Please Explain:** |

***Signature of Parent / Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_***

|  |
| --- |
| **PAYMENT INFORMATION REGISTRATION DATE RECEIVED:** |
| Registration Fee*: $25.00 per child* Check # Cash |
| **PAYMENT PLAN FOR SUMMER CAMP** **Daily Campers**: $*25.00 per child daily* Payment is due on that day. No sibling discounts.**Weekly Campers**: *$100.00 per child.* Payment is due on the Monday of that week*.* Each additional sibling $85.00**Monthly Campers**: Session Cost: 4 weeks $350.00 per child.Each additional sibling $325.00  |

**Session 1 June 1st – June 26th *(Circle weeks/days needed)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Week 1* | **Monday***6/1* | **Tuesday**6/2 | **Wednesday**6/3 | **Thursday**6/4 | **Friday**6/5 |
| *Week 2* | 6/8 | 6/9 | 6/10 | 6/11 | 6/12 |
| *Week 3* | 6/15 | 6/16 | 6/17 | 6/18 | 6/19 |
| *Week 4* | 6/22 | 6/23 | 6/24 | 6/25 | 6/26 |

**Session 2 June 29th – July 24th*(Circle week/days needed)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Week 1 | **Monday**6/29 | **Tuesday**6/30 | **Wednesday**7/1 | **Thursday**7/2 | **Friday** **Holiday** |
| Week 2 | 7/6 | 7/7 | 7/8 | 7/9 | 7/10 |
| Week 3 | 7/13 | 7/14 | 7/15 | 7/16 | 7/17 |
| Week 4 | 7/20 | 7/21 | 7/22 | 7/23 | 7/24 |

**Extended Week July 27th – July 31st (Circle weekdays needed)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Week 1 | **Monday**7/27 | **Tuesday**7/28 | **Wednesday**7/29 | **Thursday**7/30 | **Friday**7/31 |

**Extended Care Available $4.00/hour**

**Morning Hours Available: 7-9am**

**Afternoon Hours Available 3-5pm**

My Child Will Need Extended Care: Yes \_\_\_\_\_\_\_\_\_­­ No \_\_\_\_\_\_\_\_\_