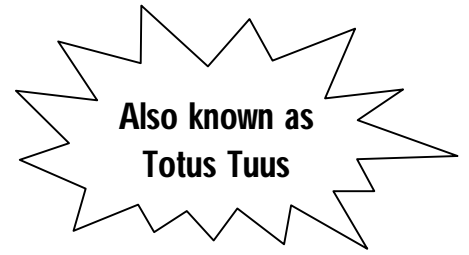




St. Therese

Summer Day Camp



Summer 2010 Registration Form: July 18th – 23rd
1st – 12th Grades

Parent(s) _____

Address _____

Phone (Home) _____ (Work/Cell) _____

Children being enrolled in St. Therese Summer Day Camp and their grade level for the 2010-2011 school year:

Name	Grade	Medical Info to be aware of
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fee is \$25.00 per child (Maximum amount is \$100 per family) due at registration.
(If you are unable to pay the fee, please call the parish office and arrangements can be made.)

Before and After Care: In the mornings 7:30 – 9:00 am & in the afternoons 2:30 – 5:30 pm
Cost: \$15 extra per child.

Yes! I would like to take advantage of the before and after care for my child during the week of Summer Day Camp. The following children will need before and after care:

PERMISSION TO SECURE EMERGENCY MEDICAL ATTENTION

I give permission for the Summer Day Camp staff and/or the St. Therese office staff to secure whatever attention necessary for the above-mentioned child(ren) while attending St. Therese Summer Day Camp program from Sunday evening, July 18th through Friday, July 23rd at St. Therese Parish.

I also understand that the Day Camp staff and/or St. Therese office staff will make every effort to contact the names below in case of such emergency.

Name _____ Phone _____

Name _____ Phone _____

Parent Signature _____ Date _____

Are there any medical conditions that we should be aware of for anyone listed above? Please name child and condition:

Please return this form to the Parish office or drop it into the collection basket on Sunday