

# St. Pascal School Summer Program

6143 W. Irving Park Road, Chicago, IL 60634

Phone: 773.736.8806 Fax: 773.725.3461

PLEASE PRINT

Camper (s)

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Birth-date \_\_\_\_\_ M/F \_\_\_\_\_ Grade-Fall \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Birth-date \_\_\_\_\_ M/F \_\_\_\_\_ Grade-Fall \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_ Birth-date \_\_\_\_\_ M/F \_\_\_\_\_ Grade-Fall \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Elementary school your child(ren) attend(s) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Hm.#(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ City \_\_\_\_\_ Wk.#(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Name: \_\_\_\_\_ Hm.#(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer: \_\_\_\_\_ City \_\_\_\_\_ Wk.#(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Family E-Mail Address \_\_\_\_\_ Mom's Cell Ph. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Dad's Cell Ph.(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Marital Status: Married Separated Divorced Widowed Single Parent Remarried

Legal Guardian Parents Above? Yes No If No, Please Specify \_\_\_\_\_

References (minimum of two) to call other than parents in the event the parents cannot be reached, and are authorized to receive child(ren):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Hm. Tel.( ) \_\_\_\_\_ - \_\_\_\_\_ Wk. Tel.( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ IL Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Hm. Tel.( ) \_\_\_\_\_ - \_\_\_\_\_ Wk. Tel.( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ IL Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Hm. Tel.( ) \_\_\_\_\_ - \_\_\_\_\_ Wk. Tel.( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ IL Zip: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ City: \_\_\_\_\_ Wk.#(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

To better allow us to plan ACTIVITIES for our camp, please CIRCLE EACH WEEK BELOW you PLAN to have your child(ren) attend.

1st	2nd	3rd	4th	5th	6th	7th
6/20	6/25	7/2	7/9	7/16	7/23	7/30

Please list all medical restrictions, allergies or special considerations your child(ren) has/ have. \_\_\_\_\_

I will bring my child(ren) to camp at approximately \_\_\_\_\_ a.m. I will pick up my child(ren) at approximately: \_\_\_\_\_ p.m.

Has your child(ren) attended camp before? Yes No Camp: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents, please tell us how you heard of our camp:

Friend School Flyer Mailer Web Site Publication \_\_\_\_\_

Reason for choosing our camp: \_\_\_\_\_

Indicate SIZE for one free REGULAR T-shirt per camper

	Camper 1	Camper 2	Camper 3
SIZE			

Available T-SHIRT types & size

CHILD SIZES 10/12 & 14/16	ADULT SIZES S,M,L,XL,XXL
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## REGISTRATION POLICIES

I understand that the camp may take candid pictures or videos of all children using a designated photographer, and unless requested otherwise the pictures or videos may be incorporated into our promotional literature and used for advertising purposes.

I hereby give my consent and authorize St Pascal, as long as my child(ren) under my guardianship are enrolled therein to first contact emergency medical services or to take such children to the hospital or any medical center, for emergency medical care or treatment in the case of sudden illness or accident. I agree to bear the cost, if any, of such necessary emergency care.

If your child(ren) have any medical restrictions, allergies or special considerations, please indicate on the registration form. In the absence of restrictions, we will assume your child(ren) may participate in all camp activities.

With two weeks written notice, registration changes may be made without any penalty. However, for each week registered but not attended, full tuition is charged. If you wish your child(ren) to attend any weeks not indicated on the registration form, we will be happy to accommodate you if space is available.

**Tuition for each week is due the Friday prior to the week of enrollment. Failure to pay in a timely manner will result in your child(ren)'s dismissal from the camp.**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

<u>ONE CAMPER RATE PER WEEK (FULL DAY)</u>	
Prior to April 22, 2012	\$125/wk
After April 22, 2012	\$150/wk

<u>ADDITIONAL SIBLING RATE PER WEEK (FULL DAY)</u>	
Prior to April 22, 2012	\$75/wk
After April 22, 2012	\$100/wk

<u>ONE CAMPER RATE PER WEEK (HALF DAY)</u>	
Prior to April 22, 2012	\$75/wk
After April 22, 2012	\$100/wk

<u>ADDITIONAL SIBLING RATE PER WEEK (HALF DAY)</u>	
Prior to April 22, 2012	\$75/wk
After April 22, 2012	\$100/wk

How did you hear about St. Pascal's Summer Program? Please circle

School Website    Facebook/Twitter    Church Bulletin    Friend    Nadig Newspaper    Previously Enrolled

### REGISTRATION PROCEDURES:

Please submit the REGISTRATION FORM, the REGISTRATION FEE (\$20/student nonrefundable), and the FIRST WEEK'S TUITION at the time of registration.

Registration and fees may be dropped off or mailed to St. Pascal School, 6143 W. Irving Park Road, Chicago, IL 60634

A parent information night will be scheduled at a later date to provide more specific details and information.

<b>OFFICE USE ONLY UNLESS MAILING REGISTRATION</b>			
Date of Admittance ____/____/____		Date of Discontinuance ____/____/____	
\$ _____ \$20 Registration Fee (per child)			
\$ _____ Day Camp Tuition (minimum first week)			
(SIZE _____ QTY _____)    (SIZE _____ QTY _____)    (QTY _____)			
\$ _____ Additional T-Shirts (Regular T-Shirt \$10.00 each)			
\$ _____ Total Received: Check # _____ Cash _____		Date Received ____/____/____	