

STUDENT NAME: _____ HOME PHONE _____
(Last) (First) (Middle)

ADDRESS _____
(Street & PO Box) (City) (Zip Code)

Grade Entering _____ Date of Birth _____ Male _____ Female _____ Race _____

List any health problems, allergies.

Mother's Name _____ EMail Address _____
Mother's Cell # _____ Mother's Work # _____

Father's Name _____ EMail Address _____
Father's Cell # _____ Father's Work # _____

Natural Parents Separated? _____ If yes, who does the child reside with? _____

Name of Step Parent/Guardian _____ Relationship _____

Circle weeks attending: June 4 – 8 June 11 – 15 June 18 – 22
 June 25 – 29 July 2 – 6 July 9 - 13
 (No camp on July 4)

Attending Before Care (7:00 – 9:00) _____ Attending After Care (3:00 – 6:00) _____

Emergency Contacts:

Name	Relationship	Phone Numbers

My child has permission to be released to the above individuals. I authorize Ascension of Our Lord Summer Camp to secure emergency medical treatment for my child.

Signature of Parent or Guardian _____ Date _____

* * * * *
 Registration Fee: \$50 for 1st child
 \$30 for each additional child in family \$ _____

5 Day Camp Fee: \$125 per week for 1st child (can be paid Monthly/Weekly)
 \$112.50 per week for each additional child in family \$ _____

3 Day Camp Fee: \$70 per week for 1st child (can be paid Monthly/Weekly)
 \$63 per week for each additional child in family \$ _____

Discount Rate: If registering for all 6 weeks and paid by April 13, 2018:
 5 Day Camp Fee: 1 child - \$650, 2 children – \$1282.50 \$ _____
 3 Day Camp Fee: 1 child - \$375, 2 children - \$ 718.20 \$ _____

Before Care: No charge

After Care: \$7 per day for 1st child
 \$5 per day for each additional child in family \$ _____

Child's T-Shirt Size (**Mandatory**) _____ \$12 Qty _____ \$ _____

AOL Camp Shirts must be worn for camp and will be sold the week of May 21, 2018, 7:30 AM – 3:00 PM

Total Paid at Registration \$ _____