

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 5 – 9 June 12 – 16 June 19 – 23 June 26 – 30

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 \$ _____

Camp Fee: \$125 per week for 1st child
 \$112.50 per week for each additional child in family \$ _____

Check One: Monthly _____ Weekly _____

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 _____ \$ _____

Total Paid at Registration \$ _____