

SS. PETER & PAUL SCHOOL

Summer Camp 2010 Registration

Camp registration is a first come, first serve basis. Additional Forms and Permissions will be required prior to camp.

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Address: _____

Home Phone _____ Cell Phone: _____

Health Restrictions: _____ Food Allergies: _____

* Please use back of form for additional space if needed.

Does your child(ren) have latex allergies (science camp)? Please circle. Yes No

Emergency Contact Information

Name: _____ Phone Number: _____

The following people have permission to pick up my child from camp or extended care

Camp Costs: ALL Weeks \$145 for the first child, \$135 per sibling, Price per day: \$34 for the first child, \$31 per sibling on the same day. Please make checks payable to SS. Peter and Paul.

Please Circle days attending below:

Child # 1 _____						<u>Total Days</u>	<u>Cost</u>
Week 1:	Mon.	Tues.	Wed.	Thurs.	Fri.	_____	_____
Week 2:	Mon.	Tues.	Wed.	Thurs.	Fri.	_____	_____
Week 3:	Mon.	Tues.	Wed.	Thurs.	Fri.	_____	_____
Week 4:	Mon.	Tues.	Wed.	Thurs.	Fri.	_____	_____

Child # 2 _____						<u>Total Days</u>	<u>Cost</u>
Week 1:	Mon.	Tues.	Wed.	Thurs.	Fri.	_____	_____
Week 2:	Mon.	Tues.	Wed.	Thurs.	Fri.	_____	_____
Week 3:	Mon.	Tues.	Wed.	Thurs.	Fri.	_____	_____
Week 4:	Mon.	Tues.	Wed.	Thurs.	Fri.	_____	_____

Child # 3 _____						<u>Total Days</u>	<u>Cost</u>
Week 1:	Mon.	Tues.	Wed.	Thurs.	Fri.	_____	_____
Week 2:	Mon.	Tues.	Wed.	Thurs.	Fri.	_____	_____
Week 3:	Mon.	Tues.	Wed.	Thurs.	Fri.	_____	_____
Week 4:	Mon.	Tues.	Wed.	Thurs.	Fri.	_____	_____

Total \$ _____

Shirt Size - Please Circle. (Campers who register for at least one full week of camp)

Youth Small, Youth Medium, Youth Large, Adult Small, Adult Medium, Adult Large, Adult X-Large

