

St. Michael's Episcopal Pre-School
2012 Summer Camp
Registration Form

Child's Full Name _____

Home Address _____

DOB _____ Sex _____ Home Phone _____

Parent's Name _____

Mother cell _____ Father cell _____

Email address _____

PERSON (S) PERMITTED TO REMOVE CHILD FROM CAMP

Others who may remove child from center:

Name _____ Relationship _____

Phone: _____ cell/work _____

Email: _____

Should the above person be contacted in case of illness, accident or emergency, if parents cannot be reached? Yes ___ No ___

Child's Physician: _____ Phone: _____

May center call another physician if unable to contact the above? _____

PLEASE PROVIDE A COPY OF CHILD'S INSURANCE CARD.

Does your child have any food allergies? _____

Special Instructions regarding eating habits, toileting, or any other areas of concern: _____

Registration Fee: \$25.00 (one time fee regardless of # of sessions attending).

This payment is due with your registration papers.

Summer Camp \$135.00 a week or \$35 a day (Ages 18 months- 6 yrs)

Session 1-June 4-8

Session 2-June 11-15

Session 3-June 18-22

*****Summer camp payments are due by May 25th.**