



**Little Flower Catholic School
Summer Camp 2017**



Little Flower School is excited to announce our 9th summer camp! The camp will run from June 5th - August 11th. We have worked hard to plan a summer of fun activities! Please call the office for more information and pass the registration forms on to your family and friends!

- Summer Program open to Preschool-6th Grade
- Hours: 7:30-5:30 Monday through Friday
- Staff available in the office from 8:00-4:00 daily
- Closed Tuesday, July 4th
- \$100.00 non-refundable registration/activity fee per family
- \$135.00 per week/per child (\$32.00 per day drop in rate)
- Students will need to provide a sack lunch and a water bottle each day
- Morning and afternoon snack provided

Daily/Weekly Activities:

Weekly Movie
Field Trips (example: bowling, miniature golf, park visits, zoo)
Cooking
Crafts
Water Day



EMERGENCY INFORMATION FORM SUMMER CAMP 2017

FAMILY NAME _____

Student Information

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Home Address: _____
Street City Zip

Home Telephone Number: _____ Email _____

.....
Mother's Name: _____ Father's Name: _____
First Last First Last

_____ Mother's employer Father's employer

_____ Mother's work telephone number Father's work telephone number

_____ Mother's cellular telephone number Father's cellular telephone number

.....
LIST TWO RELATIVES, FRIENDS OR NEIGHBORS WHO MAY BE CONTACTED AND ASSUME TEMPORARY CARE OF YOUR CHILD SHOULD YOU BE UNATTAINABLE.

Name: _____ Relationship _____ Name: _____ Relationship _____

Home Cellular Work Home Cellular Work

MEDICAL INFORMATION

_____ Clinic Name Physician's name Telephone Number

Hospital of Choice: _____

Please list any allergies or other conditions that your child has that may be important to know should an emergency arise:

_____ Medical Insurance Company Telephone Number Policy/Group Number

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow their instructions. If it is impossible to contact the physician, the school may make whatever arrangements they deem necessary.

Signature of parent(s) or guardian(s): _____ Date signed _____

2017 Little Flower School Summer Camp

Registration Information

First Name Last Name

E-Mail

Home Phone Work Phone Cell Phone

Street Address City Zip Code

Student Name Grade Completed

Student Name Grade Completed

Student Name Grade Completed

Student Name Grade Completed

All Summer OR

	M	T	W	Th	F		M	T	W	Th	F
<input type="checkbox"/> June 5-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> July 10-14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> June 12-16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> July 17-21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> June 19-23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> July 24-28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> June 26-30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> July 31-Aug 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> July 3-7	<input type="checkbox"/>	closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Aug 7-11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tentative last day

_____ Total Number of Weeks X \$135

Payment

\$100 Activity/Registration Fee per Family Pay in Full Weekly Payment

By signing this form, I take responsibility for all fees associated with the summer program. Weekly payments are due in full on the first day of the week at morning drop off. Delinquent accounts may result in suspension and/or termination of services. In case of default, I acknowledge responsibility for all costs incurred in collection of the amount owed, including court costs, reasonable attorney fees, and/or collection fees at the rate of 35% of my outstanding balance.

Signature Date