

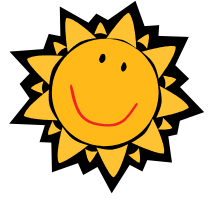


ABIDING PRESENCE PRESCHOOL

Summer Camp 2018

Registration Form

For Toddlers (18 month- 2 years)



Child's First & Last Name _____

Age _____ Child's Birth Date _____ female male

Parents or legal guardian: _____

Email: _____ Phone: _____ cell: _____

Address: street: _____ town: _____ zip: _____

Allergies _____

Choose one, two, or three, weeks. 3 days (Tuesday, Wednesday, Thursday) 9:00am -11:00am.

_____*SESSION 1:	JULY 10 - 12	\$ _____
_____*SESSION 2:	JULY 17 - 19	\$ _____
_____*SESSION 3:	JULY 24 - 26	\$ _____
Total Amount Due:		\$ _____

For office use:

Birth Certificate _____

Medical/Immunization _____

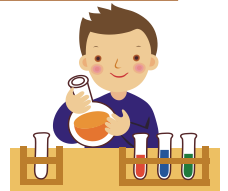
Emergency Card _____

Paid _____ cash

_____ check # _____

Due 6/13: _____

Tuition is \$100.00 per week. A non-refundable payment of \$50.00 per week is included in the weekly cost to register your child for each week. The summer program balance is due June 13th.
A 10% discount will be given for each sibling enrolled



Children bring their own healthy snack each day. Each child is asked to bring a refillable water bottle to school each day.

Birth Certificate/Passport, Medical & Immunization report, and Emergency Card required for any child not attending Abiding Presence during the 2017-2018 school year. Abiding Presence forms are available in the office.

In case of injury, when a parent cannot be contacted, I hereby grant my permission for St. Catherine's or Huntington Hospital to provide a physician for necessary emergency treatment.

My child's photo may be used for publicity purposes. (Name will not be used)

Parent's Signature: _____ Date _____

