

Summer Enrichment 2020 Registration Form

Child Information

Name: _____ Age: _____ Birthdate: _____

Address: _____ Phone Number: _____

Food Allergies: _____

Please list any special needs or conditions that should be brought to our attention:

Other comments: _____

Parent Information

Mother's name: _____ Cell: _____ Wk: _____

Father's Name: _____ Cell: _____ Wk: _____

People other than parent who child may be released to:

Name: _____ Cell number: _____

My child is up to date with all shots and in good physical health.

I give my consent for necessary emergency medical treatment; I hereby agree to hold St. Paul's Catholic Church/St Paul's Early Childhood Program harmless in the event of accident or injury.

Parent Signature

Date

Week of Enrichment: Please circle all dates you wish your child to attend.

June 2, 3, 4,	June 9, 10, 11
June 16, 17, 18	June 23, 24, 25
June 30, July 1, 2	July 7, 8, 9
July 14, 15, 16	July 21, 22, 23
July 28, 29, 30	

**Each week of
Enrichment costs
\$80, this includes
the tuition for
classes plus a \$5
registration fee.**

Office use only

Registration Paid: Wk 1, 2, 3, 4, 5, 6

Tuition paid: Wk 1, 2, 3, 4, 5, 6

Immz form: Y___ N___