

STUDENT NAME: \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_  
(Street & PO Box) (City) (Zip Code)

Grade Entering \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_

List any health problems, allergies.

Mother's Name \_\_\_\_\_ EMail Address \_\_\_\_\_

Mother's Cell # \_\_\_\_\_ Mother's Work # \_\_\_\_\_

Father's Name \_\_\_\_\_ EMail Address \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Father's Work # \_\_\_\_\_

Natural Parents Separated? \_\_\_\_\_ If yes, who does the child reside with? \_\_\_\_\_

Name of Step Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

**Circle weeks attending:** June 1 - 5 June 8 - 12 June 15 - 19  
June 22 - 26 June 29 - July 3 July 6 - 10

Attending Before Care (7:00 – 9:00) \_\_\_\_\_ Attending After Care (3:00 – 6:00) \_\_\_\_\_

**Emergency Contacts:**

Name	Relationship	Phone Numbers

My child has permission to be released to the above individuals. I authorize Ascension of Our Lord Summer Camp to secure emergency medical treatment for my child if needed.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

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**Registration Fee:** \$50 for 1<sup>st</sup> child  
\$30 for each additional child in family \$ \_\_\_\_\_

**Weekly Rates:** 5 Full Days: \$130 for 1<sup>st</sup> child  
\$120 for each additional child in family \$ \_\_\_\_\_

3 Full Days: \$80 for 1<sup>st</sup> child  
\$70 for each additional child in family \$ \_\_\_\_\_

**AM Care Rates:** \$3.00 per day  
\$2.00 for each additional child in family per day. \$ \_\_\_\_\_

**PM Care Rates:** \$8.00 per day  
\$5.00 for each additional child in family per day. \$ \_\_\_\_\_

Child's T-Shirt Size (Mandatory) \_\_\_\_\_ \$15 Qty \_\_\_\_\_ \$ \_\_\_\_\_

*AOL Camp Shirts must be worn for camp and will be sold starting May 18, 2020, 7:30 AM – 3:00 PM*

**Total Paid at Registration \$ \_\_\_\_\_**