

ASCENSION OF OUR LORD SCHOOL

PreK 3 & PreK 4 Summer Camp

3 yr old ___ 4 yr old ___

2020

5 Full Days ___ 3 Full Days ___

STUDENT NAME: _____ HOME PHONE _____
(Last) (First)

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 July 13 – 17

Attending Before Care (6:30 – 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/Guardian _____ Date _____

Registration Fee: \$50 for 1st child
\$30 for each additional child in family \$ _____

Snack Fee: 5 Full Days \$5.00/week per child
3 Full Days \$3.00/week per child \$ _____

Weekly Rates: 5 Full Days \$130.00 – 1st child
\$120.00 – each additional child in family \$ _____
3 Full Days \$80.00 – 1st child
\$70.00 – 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. \$ _____

(Mandatory) T-Shirt Size _____ \$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 \$ _____