

Registration for Notre Dame Summer Camp 2009

Your registration form must be accompanied by a non-refundable \$40 registration fee per child. Please return this form by Thursday, April 30, 2009 to ensure a place in the camp.

(Please circle)

1) Child's Name: _____ Grade _____ # Days Attending _____ Days Attending: M T W Th F

Any Known Allergies: _____

2) Child's Name: _____ Grade _____ # Days Attending _____ Days Attending: M T W Th F

Any Known Allergies: _____

3) Child's Name: _____ Grade _____ # Days Attending _____ Days Attending: M T W Th F

Any Known Allergies: _____

* Mailing Address _____ Home Phone _____

Mother's Name: _____ Work Number: _____ Cell#: _____ E-Mail: _____	Father's Name: _____ Work Number: _____ Cell#: _____ E-Mail: _____
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* Doctor's Name: _____ Phone Number: _____

* Any custodial concerns of which we should be aware: _____

In Case of Emergency Contact (list contacts that can be called in addition to the numbers above)

Name _____ Phone number _____

Name _____ Phone number _____

Fee Schedule per Child:

5 days = \$135/week 4 days = \$108/week 3 days = \$99/week 2 days = \$ 76/week 1 days = \$ 38/week

Payment is due on the first day of the week on which your child attends. Schedules may be changed with 24 hours notice. No refund for missed days although days can be made up at a later time arranged with the Camp Director.

Parent's Signature _____ Date _____

Office use: #of students _____ X \$40.00 equals Total Reg. fee of \$ _____ Amount Pd _____ Payment Type _____ Check # _____ Date _____
