

Our Lady of Grace
GIRL'S SUMMER CAMP

**We invite you to join
us for a
Girl's Summer Camp!**

**A six week program for
First through Fifth Grades.**

**June 22 - July 31, 2009
8:30am - 4:00pm**





Our Lady of Grace



GIRL'S SUMMER CAMP



We Invite You To Join Us For a 6 Week Girl's Summer Program.

The sessions run from June 22nd through July 31st from 8:30am to 4:00pm. The weekly fee is \$150 the full six weeks is \$900. If you pay in full before June 12th the six week fee is \$850.

Interested parents can call Michelle Passaro at 967.8849 or email at parentscommittee@ourladyofgraceschool.net. You can also download a registration form from our website at www.ourladyofgraceschool.net.

- The Program will consist of:**
- Prayers
 - Arts & Crafts
 - Music
 - Calligraphy
 - Outdoor Activities
 - Games
 - Tutorial Reading
 - School Work
 - Painting
 - Sewing
 - Computers
- Twice a week the girls will have:**
- Drama
 - Italian Language



www.ourladyofgraceschool.net

Our Lady of Grace School
645 Glenbrook Road
Stamford, CT 06906

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Girls Summer Camp 2008 Enrollment Application

Childs' Name: _____ Sex: _____
(Last) (First) (Middle)

Home Address: _____
Date of Birth: _____ Current Age: _____
Place of Birth: _____ Home Telephone # _____

Parents' Information:

Name of Mother: _____
Employer: _____ Work Phone: _____
Work Address: _____ Work Hours: _____
E-mail Address: _____ Cell Phone: _____

Name of Father: _____
Employer: _____ Work Phone: _____
Work Address: _____ Work Hours: _____
E-mail Address: _____ Cell Phone: _____

Guardian (if applicable) _____
If parents are divorced or separated which parent has custody of the child? _____

Religion: _____ Name of Parish or Church: _____

Doctor's Name: _____ Doctor's Phone: _____
Dentist's Name: _____ Dentist's Phone: _____

Name of Primary School: _____
Address: _____

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Schedule Desired: Week(s) of : _____ Full 6 Week Session : _____

Parent(s) Signature(s): _____ Date: _____
Date: _____ Date: _____

FOR SCHOOL USE ONLY

Date application received _____
Date of Entrance: _____ Eligibility _____

PAID _____ Date Received: _____ NOT PAID _____