

Our Lady of Grace GIRL'S SUMMER CAMP

Girls Summer Camp 2011 Enrollment Application

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

Home Address: _____

Date of Birth: _____ Current Age: _____

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? _____

Name of School currently attending : _____

Address: _____

Darien Students: June 20th through July 30th

The full six weeks is \$900. If your payment is made before May 1st, the six week fee is \$850. If you are interested in only spending certain weeks with us, the cost is \$160 per week- you must indicate the week(s) your daughter would be attending below.

Stamford Students: June 27th through July 30th

The full five weeks is \$800. If your payment is made before May 1st, the five week fee is \$750. If you are interested in only spending certain weeks with us, the cost is \$160 per week- you must indicate the week(s) your daughter would be attending below.

Schedule Desired: Week(s) of : _____ Full 5/6 Week Session : _____

Parent(s) Signature(s): _____

Date _____ Date: _____

FOR SCHOOL USE ONLY

Date application received _____

Date of Entrance: _____ Eligibility _____