

Our Lady of Grace GIRL'S SUMMER CAMP

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: _____

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.

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 _____