



**Little Flower Catholic School  
Summer Camp 2017**



Little Flower School is excited to announce our 9<sup>th</sup> summer camp! The camp will run from June 5<sup>th</sup> - August 11<sup>th</sup>. We have worked hard to plan a summer of fun activities! Please call the office for more information and pass the registration forms on to your family and friends!

- Summer Program open to Preschool-6<sup>th</sup> Grade
- Hours: 7:30-5:30 Monday through Friday
- Staff available in the office from 8:00-4:00 daily
- Closed Tuesday, July 4<sup>th</sup>
- \$100.00 non-refundable registration/activity fee per family
- \$135.00 per week/per child (\$32.00 per day drop in rate)
- Students will need to provide a sack lunch and a water bottle each day
- Morning and afternoon snack provided

**Daily/Weekly Activities:**

Weekly Movie  
Field Trips (example: bowling, miniature golf, park visits, zoo)  
Cooking  
Crafts  
Water Day



**EMERGENCY INFORMATION FORM SUMMER CAMP 2017**

FAMILY NAME \_\_\_\_\_

**Student Information**

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip

Home Telephone Number: \_\_\_\_\_ Email \_\_\_\_\_

.....  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
First Last First Last

\_\_\_\_\_ Mother's employer Father's employer

\_\_\_\_\_ Mother's work telephone number Father's work telephone number

\_\_\_\_\_ Mother's cellular telephone number Father's cellular telephone number

.....  
**LIST TWO RELATIVES, FRIENDS OR NEIGHBORS WHO MAY BE CONTACTED AND ASSUME TEMPORARY CARE OF YOUR CHILD SHOULD YOU BE UNATTAINABLE.**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Cellular Work Home Cellular Work

**MEDICAL INFORMATION**

\_\_\_\_\_ Clinic Name Physician's name Telephone Number

Hospital of Choice: \_\_\_\_\_

Please list any allergies or other conditions that your child has that may be important to know should an emergency arise:

\_\_\_\_\_ Medical Insurance Company Telephone Number Policy/Group Number

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow their instructions. If it is impossible to contact the physician, the school may make whatever arrangements they deem necessary.

Signature of parent(s) or guardian(s): \_\_\_\_\_ Date signed \_\_\_\_\_

## 2017 Little Flower School Summer Camp

### Registration Information

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First Name Last Name

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E-Mail

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Home Phone Work Phone Cell Phone

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Street Address City Zip Code

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Student Name Grade Completed

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Student Name Grade Completed

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Student Name Grade Completed

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Student Name Grade Completed

All Summer OR

	M	T	W	Th	F		M	T	W	Th	F
<input type="checkbox"/> June 5-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> July 10-14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> June 12-16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> July 17-21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> June 19-23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> July 24-28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> June 26-30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> July 31-Aug 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> July 3-7	<input type="checkbox"/>	closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Aug 7-11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tentative last day

\_\_\_\_\_ Total Number of Weeks X \$135

### Payment

\$100 Activity/Registration Fee per Family     Pay in Full     Weekly Payment

By signing this form, I take responsibility for all fees associated with the summer program. Weekly payments are due in full on the first day of the week at morning drop off. Delinquent accounts may result in suspension and/or termination of services. In case of default, I acknowledge responsibility for all costs incurred in collection of the amount owed, including court costs, reasonable attorney fees, and/or collection fees at the rate of 35% of my outstanding balance.

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Signature Date