

# SUMMER DAYCAMP PROGRAM

*All Grades Welcome*

## **Good Shepherd Catholic School**

**407-277-4200 ext. 266**

**Mrs. Publick's Cell# 407-902-3771**

**HOURS:** 8A.M. – 6P.M.

**Registration & Supply fee per child:** \$30.00

**COST:** \$20.00 PER DAY **WEEKLY Rate:** \$90.00

**LATE FEES:** \$1.00 PER MINUTE AFTER 6P.M.

**Weekly tuition will be due every Monday when picking up children**

**PAY BALANCE IN FULL BY FRIDAY MAY 25<sup>TH</sup> TO SAVE THE  
REGISTRATION AND SUPPLY FEE OF \$30.00 PER CHILD!**

### **THIS YEAR'S CAMP THEMES ARE AS FOLLOWS:**

Weeks 1 & 2: Rams Construction Co. (Legos, blocks, etc.)

Weeks 3 & 4: Airplane & Marine Life (Winter the Dolphin)

Weeks 5 & 6: Beauty and the Beach

Week 7 & 8: Summer Daycare Adventure

**\*FIELD TRIPS:** Extra Charge; Information to be announced

\* ALL IN ATTENDENCE MUST GO ON FIELD TRIP

### **8 WEEK SCHEDULE:**

June 4 – 8

June 11 – 15

June 18 – 22

June 25- June 29

July 2 – 6\*

July 9 – 13

July 16 – 20

July 23 - 27

\*Closed Wed. 4th

<b>OFFICE USE ONLY:</b>			
<b>Registration Payment:</b>		<b>Date:</b>	
<b>Check #</b>		<b>Cash</b>	

<p><b>GOOD SHEPHERD CATHOLIC SCHOOL</b></p> <p><b>SUMMER CAMP REGISTRATION FORM</b></p> <p><b>2012</b></p>
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Father's Name:	Mother's Name:
Home Phone:	Home Phone:
Business Phone:	Business Phone:
E-mail address:	

<b>Emergency contact and/or Pick-up Person:</b>		
Name:	Phone:	Driver's License #:
Name:	Phone:	Driver's License #:

<b>Student Name(s):</b>	<b>Grade(s):</b>
1.	
2.	
3.	
4.	

<p>Does your child have any allergies, illness or physical condition that should be brought to our attention? If yes, please explain.</p>

**YOUR PERSONAL ID NUMBER (ANY 4 DIGIT NUMBER):**

Please share this number with anyone whom you ask to pick up your child.

LAST NAME:			
1 <sup>st</sup> CHILD:		NEW GRADE:	
2 <sup>nd</sup> CHILD:		NEW GRADE:	
3 <sup>rd</sup> CHILD:		NEW GRADE:	

	WEEK	# OF CHILDREN	AMOUNT PRE-PAID
#1	June 4 – 8		
#2	June 11 – 15		
#3	June 18 – 22		
#4	June 25 – June 29		
#5	July 2 – 6 <b>CLOSED July 4 Holiday</b>		
#6	July 9 - 13		
#7	July 16 – 20		
#8	July 23 – 27		

**TO INSURE PROPER REGISTRATION, BE SURE YOU HAVE** Marked the Line for each week you would like your child(ren) to attend.

I, the undersigned, am the parent or guardian of \_\_\_\_\_, a minor, and have given my consent for my child's participation in all activities of the Good Shepherd Summer Program implemented by the staff of Good Shepherd Catholic School, Orlando, Florida. My child is not suffering from any physical or emotional condition which would prevent him/her from participating in the activities of the Good Shepherd Summer Day Camp Program, except (make instructions specific): \_\_\_\_\_

I expressly agree to hold Good Shepherd School and Church, their staff, agents and employees, free and harmless from any claims, demands or suits for damages arising from my child's participation in the activities of the Summer Day Camp Program. This release shall be binding on my heirs, successors and assignees. I authorize the staff of Good Shepherd to seek emergency medical treatment for my child(ren) if I cannot be reached. I understand that I am responsible for all costs incurred for my child's medical treatment. **Following receipt of the registration form, you will receive a letter of confirmation, details concerning drop-off, pick-up, and other relevant information.**

\_\_\_\_\_  
**Signature of Parent or Guardian** \_\_\_\_\_  
**Date**