

St. Stephen's 2010 Summer Day Camp Registration Form

2100 Baseline Road
Grand Island, NY 14072

Phone 773-7647 Fax 773-5792 During Camp 909-5153

2010 camp dates are below. We ask that you fill this out as completely as possible at this time. Remember that all requests are based on a first come first served basis. A Separate form is required for **each** child. Additional forms may be obtained in the Rectory, School Office or by visiting our website@ www.ststephensgi.org Please submit completed forms with your **check** for the **\$30.00 Registration Fee. Save\$ Early Bird Registration \$25.00 by May 15, 2010.**
Campers must be age 4 upon entering camp/up to entering 6th gr. Sep. 10

Weekly Rate: \$140.00 Monday - Friday 8AM - 5PM

Daily Rate: \$ 30.00 Full Day 8AM - 5PM

Half Day (4hr) Session \$20.00 AM = 8AM - NOON **OR** PM = 1PM - 5PM

\$4.00 early drop off (7:30am) or \$4.00 Late Pick up (5:30pm) each occurrence

NOTE: \$5.00 LATE CHARGE FOR EACH 10 MINUTES BEYOND 5:30 P.M.

Payment due by Friday for following week - \$20.00 Fee for Returned Checks

Ck: Full Time (5 days)_____ Part Time:_____ Early Start:_____ Late Pick-Up_____

X=Full Day AM = Morning, PM = Afternoon

Office Use

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Wk	DATES	MON	TUE	WED	THUR	FRI	<u>Amount Due</u>	<u>Amount Paid</u>
1	6/28-7/2							
2	7/5-7/09	CLOSED						
3	7/12-7/16							
4	7/19-7/23							
5	7/26-7/30							
6	8/2-8/6							
7	8/09-8/13							
8	8/16-8/20							

CAMPER REGISTRATION INFORMATION (one form per camper)

Family Name: _____

Camper Name: _____

Birthdate: ___/___/___ Age: _____ Grade in Sep. _____ School: _____

Address: _____

_____ NY _____ Home Phone: _____

Mother Name: _____ Day Time Phone: _____

Father Name: _____ Day Time Phone: _____

Emergency Contact, Relation, Phone: _____

Physician's Name & Number: _____

Parent or Guardian Signature: _____

***** BELOW FOR OFFICE USE ONLY *****

Camper orientation completed by: _____ Date: ___/___/___ Initials _____

Registration Fee Paid: \$ _____ Date: ___/___/___ Initials: _____

All Payments qualify for Child Care Tax Deductions. A statement can be provided at the end of the year or the end of camp upon request. All activites are subject to change!