



St. Anthony De Padua Summer Care Program REGISTRATION FORM SUMMER 2011

Summer care is open to all St. Anthony school children and all FWSB Diocese school children who are enrolled for the 2011-2012 school year.

Parent/Guardian Name(s) _____

Child(ren) Name & ages _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____ (cell) _____

Emergency Contact Person (*please call this person, if I cannot be reached at the above numbers*)

Name/Relationship _____ Primary Phone _____

Secondary Phone _____

I/We are enrolling _____ child(ren) in the St. Anthony's Summer Care Program. My/Our child(ren) will be attending:

_____ 3-days per week (one child). Please circle days attending: M T W Th F. (\$60)
Must be the same 3 days each week

_____ Full week (one child). (\$110)

_____ 2 children per week (\$185)

_____ 3 children per week (\$260)

_____ More than three (3) children per week (\$275)

My Child(ren) attend St. Anthony's Other Catholic School _____

My/Our child(ren) plan on attending: **There is a \$35 family fee due at time of enrollment. Please make checks payable to St. Anthony's Summer Care. Thank you.**

_____ The entire summer (*June 7-August 17*) [one week of vacation or other camp/activity may be taken at no charge, any other weeks will be charged half-price fee]

_____ Part of the summer (Please list weeks of attendance) _____

My average drop off time will be: _____ my average pick up time will be: _____

*I/We understand that I/We am/are responsible for dropping off and picking up on time, **paying on time each week of attendance** and providing my/our child(ren) with a lunch and beverage each day.*

Signature _____

Payment for the week(s) attending must be paid at the beginning of each week. NO EXCEPTIONS.

For questions or more information, please contact Barb DeMetz at 255-6205 or 274-3558