

← Please complete both sides!

Villa Maria Elementary 2011 Summer Program Application Form

We cannot accommodate children with special needs (physical or emotional) unless they are enrolled in the Barber Center Camp Connections program.

Name of Child(ren) _____

School _____

Ages _____ (Children entering the Pre 4 program must be potty-trained.)

Grades as of Sept. 2011 _____

Non-refundable Registration Fee: \$50 per child; \$70 per family

This fee is due at the time of registration. It is used to purchase games supplies, snacks, teeshirts, and bus transportation.

Weekly Fees:

\$115.00/wk - one child

\$165.00/wk - two children

\$235.00/wk - three children

EVERYONE MUST COMPLETE THIS SECTION SO THAT WE CAN STAFF APPROPRIATELY!

Indicate below which weeks your child(ren) will be attending the summer program.

_____ My child will attend fulltime for all weeks (Fees are due the first day of attendance each week.)

Option: Don't need the fulltime program? Just want to come for a couple weeks here and there? Pick weeks and prepay with this registration form. See weekly fees above.

<u>Week of:</u>	June 13-17 _____	June 20-24 _____	June 27-July 1 _____	
	July 5-8 _____	July 11-15 _____	July 18-22 _____	July 25-29 _____
	August 1-5 _____	August 7-11 _____	August 14-19 _____	

Number of weeks attending _____ Amount Paid \$ _____

Daily Attendance Fees:

_____ \$35.00/day - one child

_____ \$45.00/day - two children

_____ \$55.00/day - three children

VME Summer Program Teeshirt Order

Child(ren) Name(s) _____ Size _____

_____ Size _____

_____ Size _____

Please include your registration fee with this form.

(The Summer Program will not operate on Monday, July 4th.)

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Villa Summer Program Emergency Form

Child's Name	Sex	DOB	Grade in Sept.,2011
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Child's Name	Sex	DOB	Grade in Sept.,2011
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Child's Name	Sex	DOB	Grade in Sept.,2011
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1. Parent/Guardian Name _____

Home Address	Phone	Cell
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Business Address	Phone	Cell
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2. Parent/Guardian Name _____

Home Address	Phone	Cell
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Business Address	Phone	Cell
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IN CASE OF ILLNESS, ACCIDENT OR LEAVING THE PREMISES:

In the event of apparently serious illness or accident, when I cannot be reached, I want one of the following to be notified by telephone. They are authorized to act in my absence, and they have signed their names on this form. They may also release my child from the VME Summer Program if necessary.

1. _____
Name Address Phone/Cell

Signature of authorization _____

2. _____
Name Address Phone/Cell

Signature of authorization _____

Doctor's Name and Telephone: If one of the above cannot be reached, I want my child to be taken to _____ Hospital.
I want the following doctors to be notified:

Doctor's Name	Phone	Doctor's Name	Phone
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Special Instructions _____	Allergies _____
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Parent Signature_ _____	Date _____
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