

St. Mary's Summer Programs
Registration & Enrollment Form

Application Information: (ONE application PER CHILD with \$25)

Full Name: _____ Goes By: _____

Age: _____ Sex: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Information:

Father: _____ Mother: _____

Telephone (Home) _____ Telephone (Home) _____

(work) _____ (work) _____

(cell) _____ (cell) _____

Health Information:

Allergies? _____

Special instructions or needs? _____

In Case of Emergency, notify (other than parent/guardian):

Name: _____ Phone: _____

Name: _____ Phone: _____

Other persons authorized to pick up your child:

Name: _____ Phone: _____

Name: _____ Phone: _____

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KaleidEscape \$130.00 per session (\$470) if enrolled in all four sessions)

Session: Session #1____Session #2____Session #3____Session#4____
June 1-5 June 8-12 June 15-19 June 22-26

Mark each session for which you want to enroll your child.

T-Shirt Size: (circle one) Y.Sm. 6-8 Y Med. 10-12 Y Lg. 14-16

Adult Sm. Adult Med. Adult Lg.

KaleidEscape Child Care (limited to 10 students)

\$125.00 per week (7:30AM-8:30AM & 2:30PM - 6:00PM)
Monday through Friday

Session #1____Session #2____Session #3____Session #4____
June 1-5 June 8-12 June 15-19 June 22-26

There is no Drop-In available for KaleisEscape Child Care. You must sign up for the entire week.

For office use only: DO NOT WRITE IN THIS SPACE

Enrollment Fee: _____ \$25.00

KaleidEscape Session(s): _____ @ \$130 per session = _____

Child Care w/KaleidEscape: _____ @ \$125 per session = _____

Total due: _____

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