

ST. BERNADETTE'S SUMMER CAMP 2016

REGISTRATION PAYMENT FORM

Child's Name: _____

Please complete and sign the following forms for each child)

- | | |
|---|---|
| <input type="checkbox"/> Registration Form | <input type="checkbox"/> Trip Permission Form |
| <input type="checkbox"/> Picture Consent Form | <input type="checkbox"/> Indemnity Form |

Payment Received Total Amount Enclosed \$ _____

WEEKS	DATES	HOURS		FEES		SELECT
		8am-6pm	9am-4pm	\$95.00	\$85.00	(Indicate with a ✓)
WEEK 1	July 4-8	8-6		\$76.00		
WEEK 1	July 4-8	9-4		\$68.00		
WEEK 2	July 11-15	8-6		\$95.00		
WEEK 2	July 11-15	9-4		\$85.00		
WEEK 3	July 18-22	8-6		\$95.00		
WEEK 3	July 18-22	9-4		\$85.00		
WEEK 4	July 25-29	8-6		\$95.00		
WEEK 4	July 25-29	9-4		\$85.00		
WEEK 5	August 2-5	8-6		\$95.00		
WEEK 5	August 2-5	9-4		\$85.00		
WEEK 6	August 8-12	8-6		\$95.00		
WEEK 6	August 8-12	9-4		\$85.00		
WEEK 7	August 15-19	8-6		\$95.00		
WEEK 7	August 15-19	9-4		\$85.00		

Note: We are closed on the following days:

Week 5 August 1, 2016 Civic Holiday

You will receive a statement of account in the mail for your record.