

ST. BERNADETTE'S SUMMER CAMP 2017

REGISTRATION PAYMENT FORM

Child's Name: _____

Please complete and sign the following forms for each child)

Registration Form

Trip Permission Form

Picture Consent Form

Indemnity Form

Payment Received

Total Amount Enclosed \$ _____

WEEKS	DATES	HOURS 8am-6pm 9am-4pm	FEES		SELECT
			\$95.00	\$85.00	(Indicate with a (✓))
WEEK 1	July 4-7	8-6	\$76.00		
WEEK 1	July 4-7	9-4	\$68.00		
WEEK 2	July 10-14	8-6	\$95.00		
WEEK 2	July 10-14	9-4	\$85.00		
WEEK 3	July 17-21	8-6	\$95.00		
WEEK 3	July 17-21	9-4	\$85.00		
WEEK 4	July 24-28	8-6	\$95.00		
WEEK 4	July 24-28	9-4	\$85.00		
WEEK 5	Jul 31-Aug 4	8-6	\$95.00		
WEEK 5	Jul 31-Aug 4	9-4	\$85.00		
WEEK 6	August 8-11	8-6	\$76.00		
WEEK 6	August 8-11	9-4	\$68.00		
WEEK 7	August 14-18	8-6	\$95.00		
WEEK 7	August 14-18	9-4	\$85.00		

Note: We are closed on the following days:

Week 1	July 3, 2017	Canada Day
Week 6	August 7, 2017	Civic Holiday

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