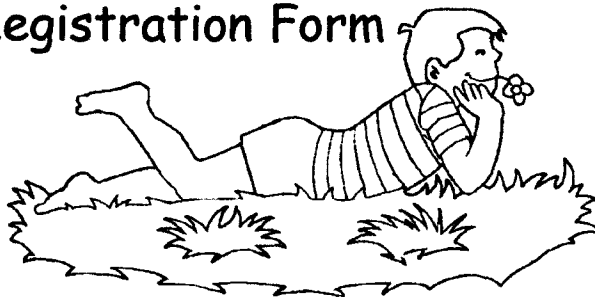




# St. Anne's Summer Day Camp 2009

## Registration Form



Child's Name: \_\_\_\_\_

Grade Completed: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Work/Cell Number(s): \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

### Payment Options

(Payment is due each Monday your child is attending)

_____ Weekly Payment Plan	_____ 6 Week Payment Plan
\$125.00 for 1 Child per week (full time)	\$675.00 for 1 Child per week (Save \$75.00)
\$225.00 for 2 Children per week (full time)	\$1,350.00 for 2 Children per week (Save \$150.00)
\$350.00 for 3 Children per week (full time)	\$1,950.00 for 3 Children per week (Save \$300)
\$75.00 per Child (part-time)	\$75.00 per Child (part-time)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office  
Use Only

Payment Method: Cash \_\_\_\_\_ OR Check \_\_\_\_\_ Check# \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date Received: \_\_\_\_\_