



Check#	_____
Cash	_____
Class	_____

## ST. GERTRUDE'S PRESCHOOL SUMMER CAMP PROGRAM REGISTRATION FORM 2024

**June 17 - June 28, 2024**

**Monday – Friday**

**9:15 AM – 12:00 PM**

**Tuition - \$375**

**\*\*PAYMENT IN FULL DUE BY MAY 22<sup>ND</sup>, 2024\*\***

Child's Name \_\_\_\_\_ Age Now: \_\_\_ Yrs \_\_\_ Months

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Child's Shirt Size \_\_\_\_\_

Any concerns: Medical/Allergies/Other (please be specific) \_\_\_\_\_

Name of Parent/Guardian #1 \_\_\_\_\_ Employer \_\_\_\_\_

Address (if different than child's) \_\_\_\_\_

Phone(s) (H) \_\_\_\_\_ (C) \_\_\_\_\_ E-Mail \_\_\_\_\_

Name of Parent/Guardian #2 \_\_\_\_\_ Employer \_\_\_\_\_

Address (if different than child's) \_\_\_\_\_

Phone(s) (H) \_\_\_\_\_ (C) \_\_\_\_\_ E-Mail \_\_\_\_\_

**PLEASE COMPLETE AND RETURN THIS FORM WITH YOUR PAYMENT IN FULL BY MAY 22<sup>ND</sup>. A LIST OF IMMUNIZATIONS AND EMERGENCY INFORMATION FORMS FOR NEW CHILDREN MUST BE COMPLETED AND RETURNED BY MAY 22<sup>ND</sup>.**

Parent/Guardian #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

