



Summer Campin' On Caymus Corner

Registration Form

Join us for St. John the Baptist Catholic School Summer School '09!
June 15th through June 26th

Who? Students entering Kindergarten through 6th grade

What? The morning program will be academic-based with focus on Language Arts, Math and Technology.
The afternoon will consist of enrichment activities including art, local walking field trips and PLAY!

Daily Schedule

8:08am: First Bell, Line up for Assembly
8:10am: Assembly
8:30-10:00am: Learning Session I
10:00-10:30: Recess
10:30-12:00pm: Learning Session II
12:00-1:00pm: Lunch brought from home
1:00-5:00pm: Summer Fun!!!

Please complete the following and return to St. Johns with payment by Monday, June 1st.
(Minimum # of students are needed to offer program. Field Trip permission forms and minor field trip fee requests will follow.)

Name of Student: _____ Present School: _____ Grade in 09/10: _____
 Student's Address: _____ City: _____ Zip Code: _____
 Mother's Name: _____ Home Phone: _____ Work Phone: _____
 Cell Phone: _____
 Father's Name: _____ Home Phone: _____ Work Phone: _____
 Cell Phone: _____
 Student lives with: _____ Mother _____ Father _____ Both
 Student has the following allergies: _____
 Student has the following medical needs: _____
Local Emergency Contact: Name: _____ Phone Number: _____
 Name: _____ Phone number: _____

Each Session is a five day program with full or half day option. There are no drop-ins or no partial weeks. Please register us for:

____ Session I: Monday, June 15 – Friday, June 19
 ____ Full Day (8am-5pm) \$250 ____ Half Day (8am-12pm) \$150
 ____ Session II: Monday, June 22 – Friday, June 26
 ____ Full Day (8am-5pm) \$250 ____ Half Day (8am-12pm) \$150

Permission to Treat: My/our child has permission to participate in the course(s) named on this Registration Form. In a medical emergency concerning the student named above I/we understand that every effort will be made to reach me/us for instruction. If delay in reaching me/us might jeopardize the child's well-being, I hereby authorize the faculty/staff in charge to secure whatever medical treatment is deemed necessary, including the administration of anesthetics and surgery. EXCEPT AS NOTED ABOVE, this child is in good health, has no food or drug allergies, has no chronic conditions which would affect treatment and takes no medications routinely.

Parent/Guardian Signature: _____ Date: _____