



Summer Academy at St. Christopher School

Registration Form

Student Name: _____

M/F: _____

Address: _____

Date of Birth: _____

Grade in Sept. '18: _____

Allergies: _____ Health Concerns: _____

Parent Name: _____

Parent Cell Numbers: Mom _____ Dad _____

Emergency Contact: _____ Relationship to child: _____

Emergency Contact Phone: _____

Please see reverse to register for specific programs and weeks.

Payment Due Dates: Sessions must be paid at least one week in advance.

I grant permission for the student applicant to receive medical attention (if parent or guardian is unavailable). I authorize Saint Christopher School to have and use photographs and videotape of the person named on this application in camp promotional materials.

Parent Signature: _____

Date: _____

Please check off the weeks for which you are applying:

PreK-2 Program

- **Under the Deep Blue Sea** – June 25th – 29th 8-1 pm 8-4pm
- **Blast off into Space** - July 9th – 13th 8-1 pm 8-4pm
- **Let's Cook!** - July 16th-20th 8-1 pm 8-4pm
- **Tech Savvy** - July 23rd – 27th 8-1 pm 8-4pm
- **DINOmite!** - July 30th – August 3rd 8-1 pm 8-4pm