

POPE FRANCIS GLOBAL ACADEMY SUMMER PROGRAM

REGISTRATION FORM – PLEASE PRINT

CAMPER INFORMATION

Child's last name:	First:	Middle:	Grade (In Fall 2017)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Child's last name:	First:	Middle:	Grade (in Fall 2017)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Child's last name:	First:	Middle:	Grade (in Fall 2017)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Street address:			City	Zip Code	
Mom's Cell Phone: ()	Dad's Cell Phone: ()		Email address:		
Mother's Name:	Mother's Employer:			Employer phone no.: ()	
Father's Name:	Father's Employer:			Employer phone no.: ()	
Marital Status of parents: Married Separated Divorced Widowed Single Parent Remarried			School your children attend:		

Emergency Contacts - In the event that parents cannot be reached this person is authorized to pick up children. (Minimum of 2)

Name	Relationship to child:	Home phone: ()	Cell phone: ()
Name	Relationship to child:	Home phone: ()	Cell phone: ()
Child's Physician's Name:	Address:	Phone Number: ()	

CAMP ATTENDANCE INFORMATION

To better allow us to plan activities for the campers, please circle each week below you PLAN to have your child(ren) attend:

6/21-6/23 6/26-6/30 7/3 -7/7 (No class on 7/4) 7/10 -7/14 7/17-7/21 7/24--7/28 7/31-8/4

Person responsible for bill:	Birth date: / /	Address (if different):	Home phone no.: ()
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Please list all medical restrictions, allergies, or special considerations: Also, please note IEP or ICEP information

Has your child attended camp before:
 Yes No

I will bring my child at approximately: _____ AM

I will pick up my child at approximately: _____ PM

Please tell us how you heard of our camp: Facebook Friend School Flyer Church Bulletin School website Other

Indicate the size for one camper t-shirt per child (5/6, 7/8, 10/12, 14/16, Adult S, M, L or XL)	Camper 1:	Camper 2:	Camper 3:
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Patient/Guardian Signature _____

Date _____

REGISTRATION POLICIES

I understand that the camp may take candid pictures or videos of all children using a designated photographer, and unless requested otherwise the pictures or videos may be incorporated into our promotional literature and used for advertising purposes. I also know technology will be used and agree my child will use it carefully and properly. I also consent for my child to go on supervised walking trips to nearby locations such as the library, park, etc.

I hereby give my consent and authorize PFGA, as long as my child(ren) under my guardianship are enrolled therein to first contact emergency medical services or to take such children to the hospital or any medical center, for emergency medical care or treatment in the case of sudden illness or accident. I agree to bear the cost, if any, of such necessary emergency care.

If your child(ren) have any medical restrictions, allergies or special considerations, please indicate on the registration form. In the absence of restrictions, we will assume your child(ren) may participate in all camp activities.

With two weeks written notice, registration changes may be made without any penalty. However, for each week registered but not attended, full tuition is charged. If you wish your child(ren) to attend any weeks not indicated on the registration form, we will be happy to accommodate you if space is available.

Tuition for each week is due the Friday prior to the week of enrollment. Failure to pay in a timely manner will result in your child(ren)'s dismissal from the camp.

Signature of Parent or Guardian _____ Date ____/____/____

ONE CAMPER RATE PER WEEK (FULL DAY)		ADDITIONAL SIBLING RATE PER WEEK (FULL DAY)	
Registration by May 1, 2017	\$135/week	Registration by May 1, 2017	\$85/week
After May 1, 2017	\$160/week	After May 1, 2017	\$105/week

ONE CAMPER RATE PER WEEK (HALF DAY)		ADDITIONAL SIBLING RATE PER WEEK (HALF DAY)	
Registration by May 1, 2017	\$80/week	Registration by May 1, 2017	\$50/week
After May 1, 2017	\$100/week	After May 1, 2017	\$65/week

***Note that the first week of camp (6/21-6/23) is not a full week. The fee is \$90 for full-day campers (\$60 for siblings), and \$60 for half-day campers.**

*** Note that there is NO CAMP on July 4 in honor of the National Holiday.**

REGISTRATION PROCEDURES

Please submit the REGISTRATION FORM, the REGISTRATION FEE (\$25/student is non-refundable), and the FIRST WEEK'S TUITION at the time of registration.

Registration and fees may be dropped off or mailed to Pope Francis Global Academy, 6143 W. Irving Park Road, Chicago, IL 60634. A parent information night will be scheduled at a later date to provide more specific details and information.

OFFICE USE ONLY

Date Received: ____/____/____

_____ \$25 Registration Fee (per child)

_____ Day Camp Tuition (minimum due is first week*)

_____ Additional t-shirts - \$10 each (size____ QTY____)

_____ Total Received: Check # _____ Cash _____