School of the Incarnation Summer Program 2019 Registration Form

For students enrolled in grades K through 5 for 2019-2020 school year

**please complete one form for each child registering

Student's Name				
Parent Names				
Address				
	Grade 2019-2020			
Home Phone #	Date of Birth			
Email Address				
Emergency Contact P	hone # for mother			
Emergency Contact P	hone # for father			
Emergency Contact n	ame other than parent			
Relationship to child_	Phone #			
Tee Shirt SizeYS	YMYLYXL AS AM (tee shirts will be ordered before camp begins)			
TIME:	8:00 AM – 4:00 PM			
REGISTRATION FEE	\$35.00 per child (non-refundable)			
FULL DAY SESSIONS	\$215.00 per week (per child) WEEK 3 – July 3 – 7: \$175.00 - four days WEEK 4 – VACATION BIBLE SCHOOL: \$240.00			
BEFORE CARE AFTER CARE	\$25.00 per week per child 7:30 – 8:00 AM \$65.00 per week per child 4:00 – 6:00 PM			

When you register you may commit to as many weeks as you wish. **Camp week must be paid before child may attend.** If dropping/changing a week of camp a two week notice must be given.

Section 1: Weeks of Program "X" the appropriate session(s) of camp week and before/after care

Week	Session	Dates	Theme	Cost	Before Care	After Care
	Ι	June 24 – June 28	Science Rocks	215.00		
	Ш	July 1 – July 5	Celebrating America	175.00		
	III	July 8 – July 12	How Does Our Garden Grow	215.00		
	IV	July 15 – July 19	Vacation Bible School	240.00		
	V	July 22 – July 26	It's A Jungle Out There	215.00		
	VI	July 29 – August 2	Travel To Lego Land	215.00		
	VII	August 5– August 9	The World of Superheros	215.00		

Section 2: Payments must be made before child may attend camp.

	Cost per week	# of Weeks	Total
Registration Fee	\$35.00	xxx	
Full Day Session (per child)	\$215.00		
Week 2 -** Celebrating America	\$175.00	Week 2	
Week 4 – **Vacation Bible School	\$240.00	Week 4	
Before Care (fee for each child) 7:30 - 8:00	\$25.00		
After Care (fee for each child) 4:00 – 6:00	\$65.00		
Total Amount Due			

Section 3: Waiver Form (must be completed and signed)

Thank you!

In consideration of the opportunity for my son/daughter to participate in the Program, I agree to RELEASE & HOLD HARMLESS & INDEMNIFY School of the Incarnation, the Roman Catholic Bishop of Baltimore & his successors, a Corporate Sole & all their agents, servants & employees from any liability, claims, demands or causes of action out of or relating to any loss, damage, or injury sustained in connection with or arising out of my son/daughter's participation in the Program. I hereby grant permission to any staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

Parent/Guardian	Date
Please send your registration form and deposit in an envelope marked Attn: Mrs. Shai	"Summer Knights"