



Light of Christ Catholic Schools

2017 Summer Enrichment Program

One student per form. ONLY 20 SPOTS AVAILABLE (no later than April 12th) Registration is for a 4-week session: June 5 – June 30. Forms and fees may be dropped off at your school’s office.

Student Legal Name: _____

Date of Birth _____ Grade Entering Fall 2017: _____ Male/Female: _____

Parent/Guardian Name: _____

Daytime Phone: _____ Address: _____

Parent/Guardian Email Address: _____

Emergency Contact Name: _____

Phone: _____ School Child Currently Attends: _____

So that our staff is prepared to meet the needs of your child, please respond to the following:

1. Does your child have any allergies?

Yes _____ No _____

If “Yes” please list allergies here:

2. Will it be necessary for staff to administer medication to your child during camp hours?

Yes _____ No _____

If “Yes” please list medications here:

Epi-pen? Yes _____ No _____ If yes, how often?

Inhaler? Yes _____ No _____ If yes, how often?

3. Does your child have:

a) An IEP Yes _____ No _____

b) 504 Plan No Yes _____ No _____

c) A Behavior Plan Yes _____ No _____

d) A Health Care Plan Yes _____ No _____ (not meaning health insurance)

*Checks should be made payable to Light of Christ Catholic Schools (in the memo write-summer enrichment). If you have more than one child, please fill out one form per child, but only one check is needed for the total amount. The cost is \$325 per child. You will receive an email confirming your child’s registration.

Upon signing, I am enrolling my child in the Summer Enrichment Program.

Parent/Guardian Signature: _____ Date: _____