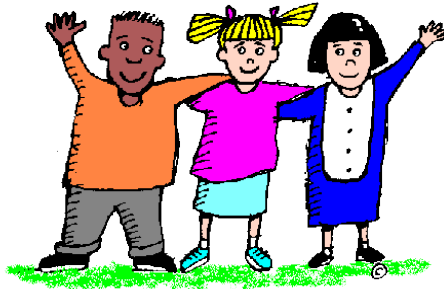




Immaculate Conception

**Summer Camp
2011**



Open to ICCR

Students enrolled in

Grades K – Up

2011 Immaculate Conception Camp INFORMATION

Weekly Sessions (Camp hours 8 am to 4 pm)

- | | |
|--------------------|-----------------|
| 1. June 27 –July 1 | 5. July 25 - 29 |
| 2. July 5 - 8 | 6. Aug. 1 - 5 |
| 3. July 11 – 15 | 7. Aug. 8 - 12 |
| 4. July 18 - 22 | 8. Aug. 15 - 19 |

Tuition

Weekly: Tuition is \$125.00 weekly.

Daily Rate: Daily rate is \$25.00 per child

Activity Fee: \$20.00 per child per field trip

Lunch: Parent provides lunch daily, plus a drink

Weekly themes to include; Science, Carnival, Water Fun, Theater/Talent, Computer/Book, Art and more!

Registering

Complete Form: Pre-registration is required. Please fill out the registration form and enclose payment for the first week. Payment for remaining weeks will be due by the Friday prior to attending camp. Camp is open to students enrolled in K-Up ONLY.

Payment: Make checks payable to ICCR. There will be a \$35.00 charge for all returned checks

What to Bring

We will be outside on the blacktop for a big part of the day so sneakers should be worn. A pair of flip-flops for water activities may be helpful to pack. A small backpack with the following:

- A beach towel
- A lunch
- Wear a bathing suit under street clothes on hot days
- A water bottle

PLEASE LABEL ALL POSSESSIONS. DO NOT bring radios, Ipods, toys, portable electronic games, etc. ICCR is not responsible for any lost or stolen items.

2011 REGISTRATION FORM

Please Print. Complete one application per child.

Name _____ Age _____

Address _____

Date of Birth _____ Home Phone _____

Parent/Guardian Names _____

- 1. June 27 – July 1
- 2. July 5 - 8
- 3. July 11 - 15
- 4. July 18 - 22
- 5. July 25 – 29
- 6. August 1 - 5
- 7. August 8 – 12
- 8. August 15 - 19

Notes to staff: _____

I grant permission for my child/ward to attend ICCR Summer Camp and agree to release, exonerate, indemnify, and defend ICCR from all claims arising from or occasioned by my child/ward's attendance at camp.

X _____ / _____

Parent/Guardian Signature

Phone #

CHILD'S HEALTH HISTORY

Name _____ Age _____

Parent/Guardian Names _____

Please Print

Home Ph _____ Wk Ph _____ Cell _____

Emergency Contacts:

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

Is child allergic to:

- Bee Stings
 - Other Bites
 - Food Allergies
 - Other Allergies
- (Explain) _____

Physical limitations _____

Other medical concerns _____

Medical Insurance# _____

Child's Physicians name and # _____

Parent/Guardian Signature _____