St. Joseph Regional Catholic School

115 Plum St, Florence, AL 35630 256 766 1923

APPLICATION FOR SUMMER CAMP

Student Name				
Date of admission		_Age	Date of Birth	
Parent email address				
PARENTS OR GUARDIANS				
Father	Address			
Cell #	Work #			
Mother	Address			
Cell #	Work #			
EMERGENCY CONTACT IN A	ADDITION TO PARENTS			
Name	Relation		Phone #	
ALTERNATE PICK UP LIST				
Name	Relation		Phone #	
Name	Relation		Phone #	
*PICK UP PEOPLE MUST PR	ESENT PHOTO ID AT TIME OI	F PICKUP.		
Child's Doctor	Δddre	· · · · · · · · · · · · · · · · · · ·		
Phone #		JJ		
I do hereby				
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Special needs or instruction	is/allergies			

Registration Fee: \$75

St. Joseph Regional Catholic School

PARENT FEE CONTRACT

Child's full name			
to St. Joseph School. Payments are due	(Parent/Guardian) agree that I will pay \$ per weeke in advance of services. A one time registration fee of \$75 is required I and agree that an additional fee of \$2.00 per minute will be charged if on in this contract.		
Fees and tuition are as follows:			
Session	Incoming 3K students- 8th grade (SJS and Non SJS students)		
Registration Fee	\$75 (one time fee)		
Summer Program 8:00 am- 3:00 pm, Monday-Friday	\$160 (per week)		
Please circle the week(s) that your ch	ild will be attending:		
Week of June 3-June 7	* No camp the week of July 4th*		
Week of June 10-June 14	Week of July 8- 12		
Week of June 17- June 21	Week of July 15-19		
Week of June 24- June 28	Week of July 22-26		
week, preK and kindergarten student	s, or Vacation Bible School, here at St. Joseph Church. During this s and non Catholic students will still have camp at St. Joseph, but our h 6th are encouraged to participate in Totus Tuus. The date of this		
 I understand that I will not send or diarrhea within the last 24 h 	water bottle, and lunch each day. or missed days.		
I understand all of the above and agre	ee to the terms.		
Parent/guardian signature	Date		
Parent/guardian name			

Child(ren) name(s)