

Summer Camp 2017

Student Registration

St. John the Evangelist Catholic Preschool

271 Winchester Street

Warrenton, VA 20186

(540) 347-5341

Total Tuition amount due \$ _____

Check No. _____

Child's Information

Name: Child's Last	First	Nickname	Date:
Home Address:			Date of Birth:
City, State, Zip Code:			Circle: Boy Girl
Home Telephone:			Email address:

Program Choice

Please circle your week(s) of choice:

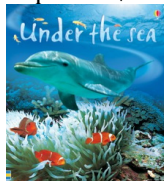
Week 1

May 30th – June 2nd (4 days)
 Tuesday – Friday 8:00a.m. – 2:30p.m.
 Camp Fee: \$200.00



Week 2

June 5th – June 9th (5 days)
 Monday – Friday 8:00a.m. – 2:30p.m.
 Camp Fee: \$250.00



Week 3

June 12th – June 16th (5 days)
 Monday – Friday 8:00a.m. – 2:30p.m.
 Camp Fee: \$250.00



Family Information: Father

Father's Name:
 Place of Business:
 Business Telephone Number:
 Cell Number:

Family Information: Mother

Mother's Name:
 Place of Business:
 Business Telephone Number:
 Cell Number:

Emergency Information

Name of Child's Physician: _____ Telephone No. _____

Child's Health/Accident Insurance Company: _____

Policy Number: _____ Group Number: _____

Emergency Contacts: We will attempt to contact parent or guardian first. Please list two additional people to contact in case you cannot be reached though cell, home or work phone numbers.

Name _____ Telephone _____ Cell _____

Name _____ Telephone _____ Cell _____

NAMES AND PHONE NUMBERS OF PERSONS AUTHORIZED TO PICK UP MY CHILD:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Children will only be released to persons listed above – picture identification is required if a person other than the individual dropping off student is picking up.

School Information

Has your child attended preschool or day care before? _____

Name of School and Address: _____

AGREEMENTS:

I authorize emergency medical treatment as judged necessary by St. John Preschool to be administered for my child and emergency medical transport to Fauquier Hospital.

Signature of Parent/Guardian: _____

Print Name: _____

Date: _____

Please enclose, with application, any other information we should know about your child.