

# Immaculate Conception Catholic Academy Summer Fun at IMMAC Registration Form

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade completed (as of 6/21) \_\_\_\_\_

## Parent/Guardian & Emergency Contact Information

E-mail address checked most frequently: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## Health Information

Allergies: \_\_\_ YES \_\_\_ NO If yes, please list: \_\_\_\_\_

## Camp T-Shirt Size

Child: \_\_\_ Small \_\_\_ Medium \_\_\_ Large

Adult: \_\_\_ Small \_\_\_ Medium \_\_\_ Large

## Camp Information Circle the weeks that you are interested in attending Summer Fun at IMMAC

**Weekly Rate: \$300 per camper     Daily Rate: \$60 per day per camper**

Week 1: July 6-9

Week 3: July 19-23

Week 5: August 2-6

Week 2: July 12-16

Week 4: July 26-31

# Agreement

By signing this agreement, I give my child permission to participate in Summer Fun at IMMAC, which include walking trips around the Astoria neighborhood. I understand that all fees (including registration, deposit, and balances) are non-refundable. By signing this Registration and enrolling my child, I give Summer Fun at IMMAC permission to use my child's photo on the school website and social media. To withhold permission, please provide a signed and dated letter indicating your denial of permission.

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY:

Registration Fee: \$ \_\_\_\_\_ Ch# \_\_\_\_\_ Venmo: \_\_\_\_\_  
Week 1: \$ \_\_\_\_\_ Ch# \_\_\_\_\_ Venmo: \_\_\_\_\_