

# Immaculate Conception Summer Program!

21-63 29 Street, Astoria, NY 11105

## Open to Immaculate Conception NURSERY SCHOOL



July 5<sup>th</sup> – August 18<sup>th</sup>, 2017

- Enjoy **fun and exciting activities** every day!
- Free Breakfast and Lunch** will be provided each day by USDA through SchoolFood, NYC Department of Education!
- Many **special guests** will visit us all summer long!
- Each child will get a **free T-shirt!**
- Drop off 7:45am or later, pick up 5:45 pm or earlier
- **Bus Trips will not be available for Nursery Kids, but they may participate in walking trips .**

### Rates for Immac Nursery Children

**\$250 per week / \$50 per day**

(the Nursery Summer Program does not qualify for the second child discount)

### **REGISTRATION FEE - \$125 per family**

**\*\*\*Register by April 28th and pay only \$100 Registration fee!\*\*\***



Please fill out both sides of the registration form/permission slip, and return it with your registration fee

**WE LOOK FORWARD TO A WONDERFUL SUMMER TOGETHER!**

**Mrs. Joan Christou**  
**summerprogram@icsastoria.org**



**IMMACULATE CONCEPTION SUMMER PROGRAM**  
**REGISTRATION FORM – 2017**

\_\_\_\_\_ **Child's Name** \_\_\_\_\_ **Date of Birth**

Address \_\_\_\_\_

Phone # \_\_\_\_\_

School \_\_\_\_\_ Grade in now \_\_\_\_\_  
(2016-2017 school year)

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

mom's home # \_\_\_\_\_ dad's home # \_\_\_\_\_

cell # \_\_\_\_\_ cell # \_\_\_\_\_

work # \_\_\_\_\_ work # \_\_\_\_\_

E-mail address \_\_\_\_\_

Give emergency contact if both parents cannot be reached

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone # \_\_\_\_\_ Language \_\_\_\_\_

**My child will attend the Summer Program for:**

\_\_\_\_ **FULL WEEK (5 days)**

\_\_\_\_ **PARTIAL WEEK (circle days needed)**

**Mondays    Tuesdays    Wednesdays    Thursdays    Fridays**



Please circle your child's T-shirt size

child sizes:      small                  medium                  large

Who will be picking up your child? (Please include relationship to child)

\_\_\_\_\_

Does your child have any allergies or medical conditions?

\_\_\_\_\_

Immaculate Conception Summer Program  
21-63 29 Street, Astoria, NY 11105  
347 728-3283  
summerprogram@icsastoria.org



Child's Name

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I grant permission to Immaculate Conception Summer Program to use any photographs, motion pictures, or any other digital recordings of my child for promotional, educational or legitimate public use (including commercial use by one of our sponsors) without compensation.

Parent's signature

date

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Child's Name

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I grant permission to Immaculate Conception Summer Program to take my child on various bus trips and/or walking trips at any time during his/her attendance.

Parent's signature

date

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