

Immaculate Conception Summer Program!

Pre-K to grade 7
summerprogram@icsastoria.org



July 5th – August 18th, 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!
- Field Trips** are scheduled on most Tuesdays and Thursdays for an additional **\$25 per trip!**
- 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

Rates for NON-IMMAC Children

<u>WEEKLY RATES</u>	<u>DAILY RATES</u>
Total cost- \$250 per week 2nd child - \$190 per week	\$45 per day (plus \$25 per trip) 2nd child - \$30 per day (plus \$25 per trip)

REGISTRATION FEE - \$150 per family

Send your Registration
by MAIL:

Immac Summer Program
21-63 29th Street
Astoria, NY 11105

Register in PERSON ONLY at our
on site Registration Dates:

Saturday, May 20th: 10am-12pm
Saturday, May 27th: 10am-12pm
Saturday, June 3rd: 10am-12pm

You must have the following items to complete your registration:

- **completed registration form**
- **completed permission slip**
- **\$150 registration fee**
- **your child's immunization records**
- **a copy of your child's birth certificate**



WE LOOK FORWARD TO A WONDERFUL SUMMER TOGETHER!

Mrs. Joan Christou
Summer Program Director



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

adult 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?

office use only

fee _____ **immunization** _____ **birth certificate** _____ **permission** _____

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



Child's Name

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

Child's Name

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
