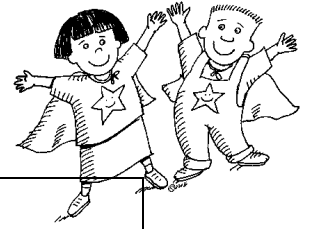


# Immaculate Conception Summer Program!

**Pre-K to grade 7**  
**summerprogram@icsastoria.org**

**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!
- 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**

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

## **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

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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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