

# Immaculate Conception Summer Program!

21-63 29 Street, Astoria, NY 11105  
Pre-K to grade 6

June 27<sup>th</sup> – August 19<sup>th</sup>, 2011

- 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 Tuesdays and Thursdays for an additional \$20 per trip!
- Many museums and special guests will visit us all summer long!
- Each camper will receive a T-shirt!
- Drop off 7:45am or later, pick up 5:45 pm or earlier

## Rates for Non-Immac children

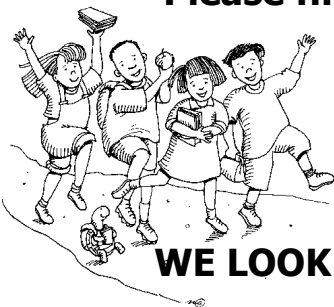
**FULL WEEK** - \$150 per week (plus \$40 trip fee) – Total cost \$190 per week  
**second child** - \$85 per week (plus \$40 trip fee) – Total cost \$125 per week

**PARTIAL WEEK FEES** – \$35 per day (plus any trip fees)  
**second child** - \$20 per day (plus any trip fees)

## REGISTRATION FEE - \$100 per family

Please fill out the registration form and return it with:

- the \$100 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  
jchristou@icsastoria.org



# **IMMACULATE CONCEPTION SUMMER PROGRAM**

## **REGISTRATION FORM – 2011**

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

Address \_\_\_\_\_

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

School \_\_\_\_\_ Grade in now \_\_\_\_\_

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 camp for:**

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

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

**Mondays    Tuesdays    Wednesdays    Thursdays    Fridays**

T-shirt size:      X small      small      medium      large

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

\_\_\_\_\_

Does your child have any allergies or medical conditions?

\_\_\_\_\_

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**office use only**

\_\_\_\_\_ **fee**

\_\_\_\_\_ **immunization**

\_\_\_\_\_ **birth certif.**