

# POPE JOHN PAUL II IN SERVICE DAY CAMP

Family Name: \_\_\_\_\_

Child(ren)'s name(s) \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_

City : \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

e-mail \_\_\_\_\_

H Phone: \_\_\_\_\_ W-Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Medical Concerns \_\_\_\_\_

I hereby release and discharge Pope John Paul II Regional Catholic Elementary School ("JPII"), its, employees, staff members and administration from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation at JPII. I authorize JPII, its employees, staff members and administration to take whatever action necessary, in their best judgment, in an emergency and I hereby release and discharge JPII from any responsibility or liability related thereto.

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

**\*\*\* Registration will not be accepted without a properly signed waiver \*\*\***

## *PAYMENT INFORMATION*

Dates needed:

Sept. 25 \_\_\_ Oct 15 \_\_\_ Dec 7 \_\_\_ Dec 8 \_\_\_ Dec 11 \_\_\_ March 24 \_\_\_ April 23 \_\_\_ May 13 \_\_\_ May 14 \_\_\_ May 28 \_\_\_

1<sup>st</sup> Child @ \$35 per day \_\_\_\_\_ # of additional children \_\_\_\_\_ @ \$30 each per day \_\_\_\_\_

AM Extended day ( time of drop off) \_\_\_\_\_

PM extended day ( pick up time) \_\_\_\_\_ Number of children \_\_\_\_\_ @ \$5 each per day \_\_\_\_\_

Pizza \_\_\_ \$3 one slice \$ 5 two slices \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

\_\_\_ Cash \_\_\_ Check # \_\_\_\_\_ Credit Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Print Name on card: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

