

LITTLE ANGELS SUMMER CAMP

REGISTRATION FORM

CHILDS NAME:

PARENTS NAMES:		
ADDRESS:	CITY	ZIP
PHONE #	E-MAIL	
* Camp runs from S	9 – 12, Monday – Thursday . Snack and ju	lice will be provided.
*0	hildren must be two years old to participate	
Please pu	it an "X" by the weeks you want your child to	attend.
	May 27-29 (No camp on Mor	nday)
	June 2-5	
	June 9-12	
	June 16-19 (Incoming and outgo	ing two year olds only)
	*VBS for older children is available durir	ng the week of June 16
	June 23-26	
	July 7-10	
	July 14-17	
	July 21-24	

*The fee is \$100 per week (\$75 for the week of May 27) and there is **NO** registration fee for current and incoming Little Angels students. There will be a one-time fee of \$25 for community children not enrolled at Little Angels.

*There is a minimum of 8 children per age group with a maximum of 15 for the younger group and 20 for the older group. We will fill the rooms on a first come, first served basis.

PLEASE RETURN THIS FORM ALONG WITH CAMP TUITION.

Contact 847-381-5490 or <u>chunter@stmichaelsbarrington.org</u> with questions.

Office use ONLY: Cash _

Check #_

_____ Amount paid