Blessed Sacrament Student Last Name: (pr

Student Last Name: (print):	
Parent Last Name (print):	
Email Address:	
	CUA CHMMPK

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P	ro	g	ra	m	

	•							1.	. Name and in construction construction.	
Child's Name		Age	Birth date		e Entering otember	Pre-K Group		T- p shirt Size	Please use code for T-shirt size: CS –child small CM- child medium	
									CL – child large AS – adult small	
									AM – adult mediur AL – adult large	
									AXL – adult Xlarg	
Current So	chool my o	hild/child	ren attend:			<u>l</u>				
	NAME		Ho Addres Co	me ss/ Zip	Home Phone W		orkplace	Work Phone	Cell Phone	
Mother										
Father										
Guardian										
Child live	s with:		both pare	nts	Mothe	er	Fathe	r	Guardian	
EMERGE	NCY Co	ntacts:	others des	ignated l	by parents to	whom t	he child may	be released)	
Name:		Relation:		Address:			Phone #:			
1.										
2.										
Physician's Name: Ph				Phone:		H	lospital:			
Special Me						Parent	Signature:			

Please return this form along with the registration fee to:

Blessed Sacrament School 2510 Greengarden Street Erie, Pa 16502 Attn: Summer Program Parent Signature: _______
Date: _____

2017 Summer Program Rates:

Registration Fee \$40/child \$60/family

Full Time Weekly Rate (5 days)

\$130 - 1 child

\$185 - 2 children

\$245 - 3 children

\$295 - 4 children

Daily Rate (1-4 days)

\$35/day - 1 child

\$50/day - 2 children

\$60/day - 3 children

\$75/day- 4 children

Thank you for giving us the opportunity to provide your child a safe & fun summer!