



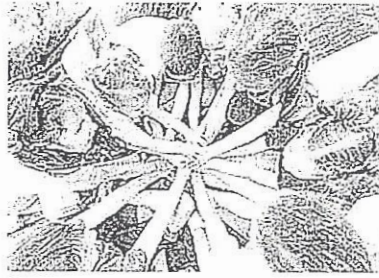
All Saints Episcopal School Summer Camp Registration

	COST (full days – 7:30 am - 5:30 pm)		
	Two Year Old's	3+4 Year Old's	K - 8 th Grade
<i>Daily Rate</i>	\$37	\$36	\$35
Weekly Rate	\$182	\$172	\$167
Sibling Discount	10%	10%	10%

- Safe & nurturing Christian environment
- *Engaging & fun learning projects for all ages*
- Arts & crafts, structured and free play time, and MUCH MORE!!!

Child's Name _____ Age _____
 Please Complete the Attached Form for Dates Your Child Will Be Attending
 Parent/Guardian Signature _____ Date _____

Please Note: Extended Care is open to the public with prior registration.
No Drop Ins!



ASES Summer Day Camp Registration Form

STUDENT INFORMATION:

Last Name First Name Middle Name Preferred Name/Nickname

Birth Date Age Social Security Number Gender

GRADE LEVEL:

2's 3's Pre-K Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

PARENT/GUARDIAN INFORMATION:

Parents Married Parents Divorced Parents Separated Father Deceased Mother Deceased

If divorced/separated, to whom shall we send general correspondence? ___ Mother ___ Father ___ Both

If divorced/separated, are there custody arrangements of which we should be aware?

Father/Guardian

Mr. Dr. Rev. _____

Preferred Name _____

Social Security Number _____

Street Address _____

City, State, Zip _____

Email Address _____

Employer _____

Occupation/Title _____

Home Phone _____

Mother/Guardian

Mrs. Ms. Dr. Rev. _____

Preferred Name _____

Social Security Number _____

Street Address _____

City, State, Zip _____

Email Address _____

Employer _____

Occupation/Title _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Business Phone _____

Business Phone _____

EMERGENCY CONTACT & MEDICAL INFORMATION

Person, other than parent, authorized to act for parent in an emergency:			
Name	Relationship	Address	
Landline Phone	Cell Phone	Employer	Business Phone

Name of Physician _____ Phone Number _____

Name of Dentist _____ Phone Number _____

Does Your Child Need to Take Medication at School? Yes No

If yes, what medication(s)? _____

Is Your Child Allergic to Anything? Yes No

If "Yes," Please List Allergies: _____

Currently enrolled students and their siblings receive priority for enrollment. Applications are accepted in the order received. Applications will not be accepted without a \$50.00, nonrefundable deposit that will be applied to your first Summer Camp payment. Monies will be refunded only if space is not available or acceptance is denied.

For questions, please call the ASES admissions office at 423-586-3280

Summer Camp Weeks Requested

						<u>Time In</u>	<u>Time Out</u>
Week of May 30 th	X	T	W	Th	F	_____	_____
Week of June 6 th	M	T	W	Th	F	_____	_____
Week of June 13 th	M	T	W	Th	F	_____	_____
Week of June 20 th	M	T	W	Th	F	_____	_____
Week of June 27 th	M	T	W	Th	F	_____	_____
Week of July 4 th	X	T	W	Th	F	_____	_____
Week of July 11 th	M	T	W	Th	F	_____	_____
Week of July 18 th	M	T	W	Th	F	_____	_____
Week of July 25 th	M	T	W	Th	F	_____	_____
Week of August 1 st	M	T	W	Th	F	_____	_____