

Our Lady Of Peace Summer Program

2401 West 38th St~Erie, Pa 16506

June 8th, 2015-August 14, 2015~Monday - Friday 7:00 a.m-5:30 p.m

Come **O**utside

To **L**augh

and **P**lay

Registration Fee~\$40 per child

\$60 per family

Rates

Weekly-5 Days

1 child \$120

2 children \$185

3 children \$245

4 children \$295

Daily

1 child \$35

2 children \$50

3 children \$60

4 children \$75

All payments are due
the last day of each week
that your child attends.

Camp is available for children entering Kindergarten through 8th grade.

Lunch is served daily or you may pack lunch for your child. An afternoon snack is served. Field trips will be on Wednesday and the daily rate is paid as well as the cost of the trip.

Fill out the attached registration form and return to the school office no later than May 22th. If you have any questions please e-mail Kathy Holland at

olpcampers@aol.com

Our Lady of Peace Summer Program
2401 West 38th St.
Erie, Pa 16506

Registration

Child/Children's Names	Sex	Date of Birth	Grade in August
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1. _____	___	_____	_____
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2. _____	___	_____	_____
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3. _____	___	_____	_____
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Home Address _____

Father's Name _____ Work# _____ Cell# _____ Home# _____

Mother's Name _____ Work# _____ Cell# _____ Home# _____

EMAIL ADDRESS _____

My child will be attending: Please check- (this is necessary for staffing)

Full time-5 days a week _____

Part Time-M___ T___ W___ Th___ F___

T-Shirt Size

Youth-Small___ Medium___ Large___

Adult-Small___ Medium___ Large___ Extra Large___

Parent/Guardians Signature _____

Please return this form along with the nonrefundable registration fee of \$40 for one child or \$60 for a family to the school office by May 22nd. Checks should be made payable to OUR LADY OF PEACE SCHOOL.

Any questions email Kathy Holland at: olpcampers@aol.com

**OUR LADY OF PEACE SUMMER PROGRAM
Emergency Data**

Child's Name _____

Address _____

Home Phone Number _____

Mother's work phone _____

Cell phone _____

Father's work phone _____

Cell phone _____

In case of emergency and parents can't be reached, contact person(s):

Name _____ Relationship _____

Phone Number(s): _____

Family Physician _____ Phone _____

Family Health Insurance Company _____

Policy number (group) _____

Is your child currently under a physician's care? Yes _____ No _____

If yes, explain _____

Please list the health conditions information required by the Our Lady of Peace Summer Program Staff or Health Emergency Personnel:

1. Allergies _____
2. Chronic health conditions _____
3. Recent injury or illness _____
4. Medications being taken _____

If information changes through the summer, please inform the Summer Program Staff.

PARENT SIGNATURE _____

Authorized Pick-Up Form

My child(ren) _____,
_____ can be picked up from the OLP Summer Program by the individuals listed below.

Authorized Individuals:

1. _____
2. _____
3. _____
4. _____

Please alert these individuals that photo I.D. will be asked for upon pick-up.

Parents' Signature:

Mom: _____

Dad: _____