

STUDENT NAME:

GRADE IN AUG. 2021:

## SUMMER PROGRAMS 2021 FEES

### SUMMER CAMP GATOR: (Snacks provided)

- CAMP GATOR: Daily Drop In
 

Registration Fee	\$50
½ Day Morning (8:00 am to Noon)	\$25
½ Day Afternoon (Noon to 5:00 pm)	\$25
Full Day (8:00 am to 5:00 pm)	\$40

- CAMP GATOR WEEKLY:
 

	Mornings M-TH 8:00am - Noon \$80.00 per wk.	Afternoon M-TH Noon - 5pm \$90.00 per wk.	All Day M-TH 8am - 5pm \$150.00 per wk.
Registration:	\$50		

**Week**

Week	Dates	Mornings	Afternoon	All Day
#1	June 14 - 18	\$	\$	\$
#2	June 21 - 25	\$	\$	\$
#3	June 28 - July 1*	\$	\$	\$
#4	July 5 - July 9	\$	\$	\$
#5	July 12 - July 16	\$	\$	\$

**TOTAL DUE:** \$ | \$ | \$

- FUN FRIDAY'S: \$300 for ALL five trips + \$100 registration fee.

*\*Due to Fourth of July, we will observe the holiday on Friday, July 2nd, and celebrate the Fun Friday Waterslide activity on Thursday, July 1st.*

**For Business Office Use Only**

- Cash
- Check
- Credit Card (3% service charge)
- ABVM Families through FACTS



ASSUMPTION



# SUMMER PROGRAM 2021

**IN-PERSON CAMP**



## SUMMER CAMP GATOR

June 14 - July 16

TK- 8th Grade

**Limited spaces available**

*ABVM Students, Parishioners, and schools affiliated with the Department of Catholic Schools are invited.*

## SUMMER CAMP GATOR:

Morning: 8am - noon | Afternoon: Noon - 5pm

COORDINATOR: Mrs. Myrna Anderson, manderson@abvmpasadena.org

### MONDAY-THURSDAY:

**Crafts, sports games, science activities, club days**

Weekly themes: Blast from the Past, Medieval Times

### FRIDAYS:

**Field Trip Days** - Los Angeles Zoo, ABVM Waterslide, Discovery Cube (Sylmar, CA), and Knott's Berry Farm



## SUMMER PROGRAMS 2021 - REGISTRATION

Please fill out one form per child and return by May 15th, 2021.

_____	_____	_____
Last Name	First Name	Date of Birth
_____		_____
School Attending in August 2020		Grade in August 2020
_____		
_____	_____	_____
Street Address	City	Zip Code
_____		_____
Mother's Name	Father's Name	
_____		_____
Cell Phone/Work Phone	Cell Phone/Work Phone	
_____		_____
Email Address	Email Address	

### EMERGENCY CONTACT AND AUTHORIZED PICK UP

Please list all persons who may pick up your child from Assumption BVM Summer Programs. You must notify the office in writing if there are any changes

_____	_____	_____
Name	Relationship	Cell Phone
_____		
_____	_____	_____
Name	Relationship	Cell Phone
_____		
_____		_____
Student's Doctor/Pediatrician		Phone Number
_____		
_____		_____
Health Insurance Company		Policy Number

Medical Information – Allergies, medications, special instructions \*

\*Students needing medication must complete an Archdiocesan Medication Release Form obtained from the school office.