



LIL' SAINTS PRESCHOOL

Box 10, 3900 Arthur Drive, Delta B.C. V4K 3N5
Phone: (604) 946-4525 • Fax: (604) 946-0598
Website: www.shsdelta.org • Email: lil'saintspreschool@shsdelta.org

Summer Camp Registration Form 2018

Fees **must be pre-paid** and are **NON-REFUNDABLE after the first class has started**. (*Refunds will be given if you provide us with notice, in writing, two weeks before the session you registered for begins*).

***Camps will run Monday to Friday morning, 9:00-1:00 (4 hrs.) and are open to children ages 2.5- 5 years old.**

Please pack sunscreen, a hat, snack, healthy lunch, and water bottle for every day!

Mrs. Lock, Ms. Jerrica and Mrs. Marianne will be running the 5 weeks preschool camp.

***Please indicate the weeks/ program you are registering for. One form per child please.**

Please check:

- | | | |
|--------------------------|------------|--------------------------|
| <input type="checkbox"/> | July 9-13 | \$125/week |
| <input type="checkbox"/> | July 16-20 | \$125/week |
| <input type="checkbox"/> | July 23-27 | \$125/week |
| <input type="checkbox"/> | Aug. 7-10 | \$100/week (4 days only) |
| <input type="checkbox"/> | Aug. 13-17 | \$125/week |

Please complete this form and attach a cheque payable to Sacred Heart Parish for the fees. Cheques should be post dated to July 1, 2018. If you are registering for more than one session, please feel free to attach just one cheque for all sessions.

I understand that I must give two weeks notice of withdrawal prior to the camp I signed up for or my fees will not be refunded.

Signature: _____ Date of Registration: _____ #: _____ *

Child's Name: _____ Age: _____
(Surname) (First Name)

Birthdate: _____ / _____ / _____ Allergies?: _____ Medication _____
Year Month Day

Mother's Name: _____ Email: _____ Tel: _____

Father's Name: _____ Tel: _____

Address: _____

Postal Code: _____ Care Card #: _____

Additional Issues (medical/social/emotional/ behavioural): _____

Alternate Emergency Contact: _____ **Phone:** _____