

APPLICATION FOR ENROLLMENT  
*St. Francis Summer Camp*

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Work # \_\_\_\_\_ Work # \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

Home # \_\_\_\_\_ Home # \_\_\_\_\_

**drop off time** \_\_\_\_\_

**pick up time** \_\_\_\_\_

Full summer (11wks) \_\_\_\_\_

Specific weeks (please list) \_\_\_\_\_

(If you are not sure which weeks just put the number of weeks you expect to need)

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Application Received \_\_\_\_\_

Reg. fee paid \_\_\_\_\_

Staff Initials \_\_\_\_\_