



Smashing ANTs and Leadership FUN-damentals Summer Camps Before & After Care at St. John's Parish Day School

Camper's Name		Grade Entering in Fall 2011	
_____ Boy	_____ Girl	Age	Date of Birth

1 st Parent/Guardian		2 nd Parent/Guardian	
Relationship		Relationship	
Home Phone		Home Phone	
Work Phone	Cell Phone	Work Phone	Cell Phone

Before Care: 7:30 – 9:00 am After Care 4:00 – 5:30 pm
 Building Futures staff will escort campers to and from Before and After Care.

DATES	Before Care	After Care	Session Cost Total
6/20– 6/24	45.00	45.00	
6/27 – 7/1	45.00	45.00	
7/11 – 7/15	45.00	45.00	

TOTAL COST FOR ALL SESSIONS (Add up all sessions)	
BALANCE DUE	

I request my child be registered with St. John's School for Before and After Care as indicated above. I understand that this form is only for the weeks listed. I also understand that I need to have a separate Camp Emergency Card and Camp health forms for my child on file with St. John's before the beginning of camp.

Parent Signature: _____ Date: _____

Payment Information (Make checks Payable to "SJPDS") Check No. _____ Amount of Check: _____
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Mail to: St. John's School
 Attn: Melissa Parlette
 9130 Frederick Road
 Ellicott City, MD 21042