

St. John Villa Academy Summer Camp 2009

57 Cleveland Place, Staten Island, New York 10305 Phone: 718-447-4150 ext 110

Weekly Registration Form

Please Print All Information

Parent/Guardian Name _____

Address _____ City _____ State _____

Zip _____ Child is a registered Villa Student: Yes _____ No _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact Person: _____ Phone: _____

Child's Full Name _____ Boy _____ Girl _____ Age _____

Child's Full Name _____ Boy _____ Girl _____ Age _____

Child's Full Name _____ Boy _____ Girl _____ Age _____

Child's address (if different from above) _____

Please check off the week(s) and day(s) for each child's camp attendance

Week Of	5 Day Program	3 Day Program	Early Arrival	Late Pick-Up
July 6				
July 13				
July 20				
July 27				
August 3				
August 10				

Required For Each Child: This form must be returned with a completed medical form and full payment of fees before a child will be admitted to camp.