



Summer Camp Registration 2018

Child's Name: _____
Last First Middle Preferred Name
Age: _____ Date of Birth: ____/____/____ Gender: Female Male

Home Address: _____

Home Telephone Number: (____) _____ - _____

Special physical, emotional, or developmental needs:

Mother's Name: _____

Telephone Number: (____) _____ - _____

Father's Name: _____

Telephone Number: (____) _____ - _____

Primary E-Mail Address: _____

Is your child partially or completely toilet trained? _____

Please provide the names of all persons allowed to pick up your child:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact if parents are not available:

I do hereby apply to Holy Communion Day School Summer Camp.
I agree to abide by the policies and procedures therein and accept any
financial obligation for my child's attendance.

Signature of parent or guardian: _____

Please circle the dates you wish your child to attend; circle to specify class:

Toddler or Casa

June 18-21

June 25-28

July 16-19

July 23-26

August 6-9

August 13-16

Each session is 9:00am - 12:00pm, Monday through Thursday

\$105 per session
(no discounts applied during summer)

Payment is due no later than the first day of the week of the enrolled camp session.

We provide snack each day and lunch will come from home.

Holy Communion Day School
218 Ashley Avenue
Charleston, SC 29403

843-722-2024
DaySchool@holycomm.org

Holy Communion Day School is a co-educational school and does not discriminate on the basis of race, religion, national, or ethnic origin in the administration of its admission or educational policies.