



# Saint Luke School

the core of catholic education

## SUMMER PROGRAM 2010

### APPLICATION

CHILD OR CHILDREN'S NAME	SEX	DATE OF BIRTH	GRADE IN AUGUST
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILD(REN)'S ADDRESS

\_\_\_\_\_

Number	Street	City	State	Zip
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Phone Number: \_\_\_\_\_

Father's Business Address: \_\_\_\_\_

Mother's Business Address: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

My child will participate in: Full-Time (5 Days) \_\_\_\_\_  
 Part-Time (1-4 Days) \_\_\_\_\_

List days attending (if known) \_\_\_\_\_

List vacation and other camp dates \_\_\_\_\_

If your child(ren) did not attend Saint Luke School in 2009-2010, please list your child(ren)'s current school and how you learned about our summer care program: \_\_\_\_\_

**Please return this form along with the NON-REFUNDABLE REGISTRATION FEE - \$30.00/CHILD OR \$40.00/ FAMILY to: Saint Luke Extended Care, Attn: Summer Program. Register by May 15 to be guaranteed a free summer care t-shirt & sports bag. Complete t-shirt order form on the next page.**