



THE SCHOOL FOR YOUNG CHILDREN AT THE UNIVERSITY OF SAINT JOSEPH
238 STEELE ROAD • WEST HARTFORD, CT 06117 • 860.231.5560 • FAX 860.231.5581

**Summer Camp 2020
Registration Form**
(first come – first served)

Child's Name: _____

Date of Birth*: _____ Gender: _____

(*Children must be 3 years of age with previous preschool experience. They must be no more than 5 years old at the onset of the session enrolled.)

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-mail: _____

Does your child nap? (Full-Day campers only) Yes No

Is your child currently an SYC student? Yes No

Previous preschool attended: _____

Please check the sessions and times needed below: (extended morning for half-day program campers - \$12/day)

<u>Session</u>	<u>Dates</u>	<u>Half-Day</u> (\$470/session)	<u>Full-Day</u> (\$765/session)	<u>7:45 – 9:00 AM (\$12/day)</u>
<input type="checkbox"/> 1	June 15 – June 26	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 7:45 – 5:30	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
<input type="checkbox"/> 2	June 29 – July 10 (no camp July 3 rd)	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 7:45 – 5:30	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
<input type="checkbox"/> 3	July 13 – July 24	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 7:45 – 5:30	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
<input type="checkbox"/> 4	July 27 – August 7	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 7:45 – 5:30	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F

Total Registration Fee \$ _____

*Registration must be submitted with full payment to ensure your child's placement for desired session(s). *Payment is non-refundable.* Make checks payable to *University of Saint Joseph*. Required forms must be submitted *two weeks* before attendance at camp. Note: State law requires that children in this program provide proof of a physical exam administered within the last twelve months.