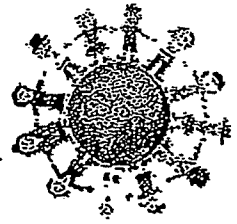


*Holy Family Summer
Enrichment Program July 5, 2017*



APPLICATION

800 Columbia Rd. Dorchester MA 02125 Tel 617-436-2190

News

Date July 5 -- August 4,
2017

Time 8:30 AM to 3:30 PM

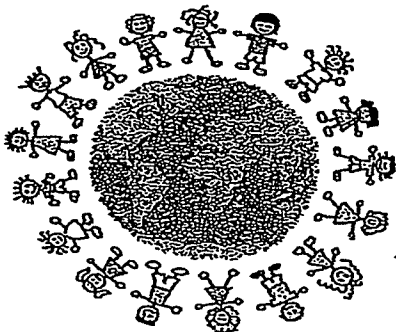
Ages: Entering Gr 1 -
Entering Gr 8

Fees: \$ 400.00 per child

Includes:

- Breakfast & Lunch
- Field Trips
- Materials

Fee Payable at
Registration and must be
Paid before May 26, 2017
Please send applications to
800 Columbia Rd. or
Tri Parish Office at
278 Bowdoin St. 02122



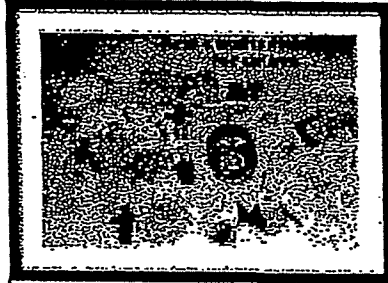
Looking for an alternative to the traditional summer camp? How about Holy Family Summer Enrichment program where the fun starts at 8:30 in the morning.



Holy Family Summer Enrichment Program in North Dorchester is a 5 week recreation and learning experience open to children entering grade 1 through gr 8 regardless of race, faith or ethnic background. A caring competent staff will supervise you child, lead by professional educators. These educators have planned exciting and educational activities that will help your child work cooperatively and share experiences with children of other ethnic backgrounds. Holy Family has a warm, friendly yet disciplined atmosphere that will ensure a safe and FUN summer for everyone.



We'll take wonderful field trips to the Zoo, the Aquarium, as well as visit various parks and beaches, George's Island, etc.



We have great new games and arts and crafts projects

We will go to pool parties. You can also win prizes at our end of the Summer Olympics.

Please Note:

This year the Summer Enrichment Program will be at:

John Paul 2 Academy
790 Columbia Rd.
Dorchester, MA 02125

PERMISSION AND HEALTH INFORMATION FORM 2017

Holy Family Summer Enrichment Program for children Grades 1 - 8 (as of September), is organized ,and supervised by competent adults who have planned a varied program where your child will have the opportunity to enjoy, learn and share experiences with children from other ethnic backgrounds. Our activities include those which respond to the intellectual atmosphere. Each child participates in all activities.

*DATES: Wednesday July 5 until Friday August 4, 2017
From 8:30 AM to 3:30PM.
*FEES: \$ 400.00 per Child, (includes breakfast, lunch, field trips, and materials)
Payment should be received before May 26, 2017 .

HEALTH Does your child(ren) have any physical or mental problems?
Yes _____ No _____ Please briefly explain

Health Insurance Provider: _____

Insurance Number _____

Allergies (My child is allergic to): _____

Medications: _____

I _____, give permission for my child (ren) to participate in all the activities of Holy Family Summer Enrichment Program. I understand that neither Holy Family Parish nor its employees will be liable for injuries beyond their control. I will be notified, immediately, if any injury or illness occurs. If I or the emergency contact person can not be reached, you have permission to seek and sign for medical treatment.

PARENT INFORMATION

NAME (PARENT/GUARDIAN) _____

ADDRESS _____

TELEPHONE (HOME) _____ (WORK) _____

IN CASE OF EMERGENCY

TELEPHONE _____ CELL _____

NAME OF CHILDREN:

NAME _____ AGE _____ GRADE _____

NAME _____ AGE _____ GRADE _____

NAME _____ AGE _____ GRADE _____

For more Information: call 617-436-2190 or visit website www.DorchesterCatholic.org

REGISTRATION FORM

Summer Enrichment Program

PARENT(S)/Guardians: _____

FATHER: _____ MOTHER: _____

Address: _____ CITY: _____

ST: _____ ZIP: _____ Telephone: _____ Cell: _____

In an emergency, if I am not at home contact: Name _____ Emergency Telephone: _____

In an emergency, if I am not at home contact: Name _____ Emergency Tel _____

My email _____ Work Telephone _____

FIRST CHILD

Last NAME: _____ First NAME: _____

DOB: _____ SEX: _____

SCHOOL: _____ Entering School Grade _____: Between Gr 1 and Gr 8 - No High School

COMMENTS/Special Needs/Allergies: _____

SECOND CHILD

Last NAME: _____ First NAME: _____

DOB: _____ Sex _____

SCHOOL: _____ Entering School Grade: _____ Between Gr 1 and Gr 8 - No High School

COMMENTS/Special Needs/Allergies: _____

THIRD CHILD

Last Name: _____ First NAME: _____

DOB: _____ SEX: _____

SCHOOL: _____ Entering School Grade: _____ Between Gr 1 and Gr 8 -No High School

COMMENTS/Special Needs/Allergies: _____

Registered last year? Yes _____ No _____ Signature _____

We take many pictures during the camp season. Pictures show activities of the campers so new families can see how much the children enjoy the camp. If you do not want your child included in any pictures, please notify the directors the first week of camp.