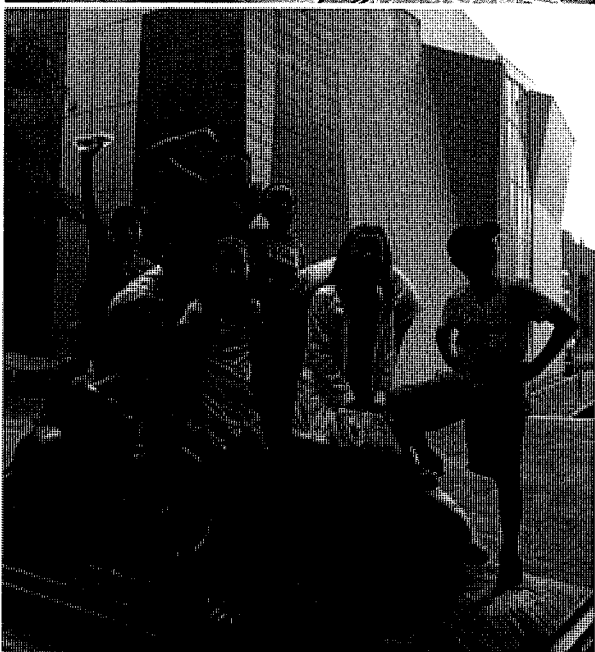
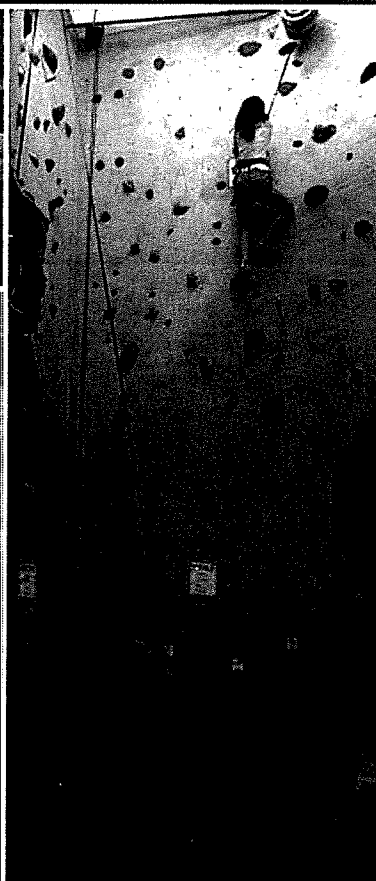
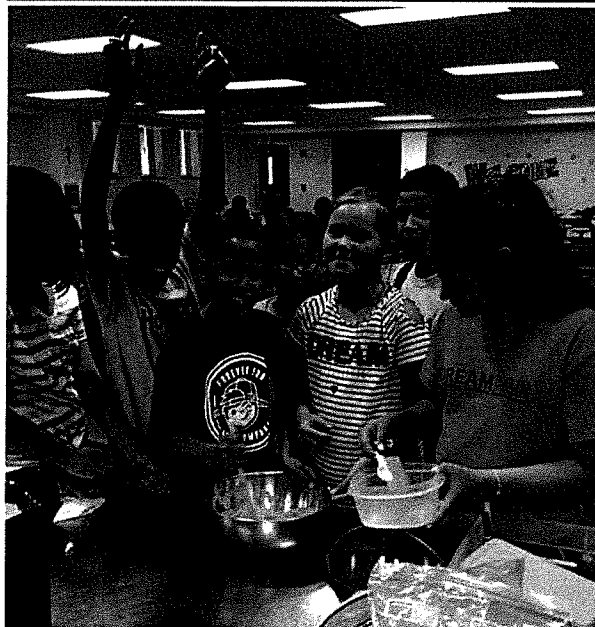


HOLY FAMILY

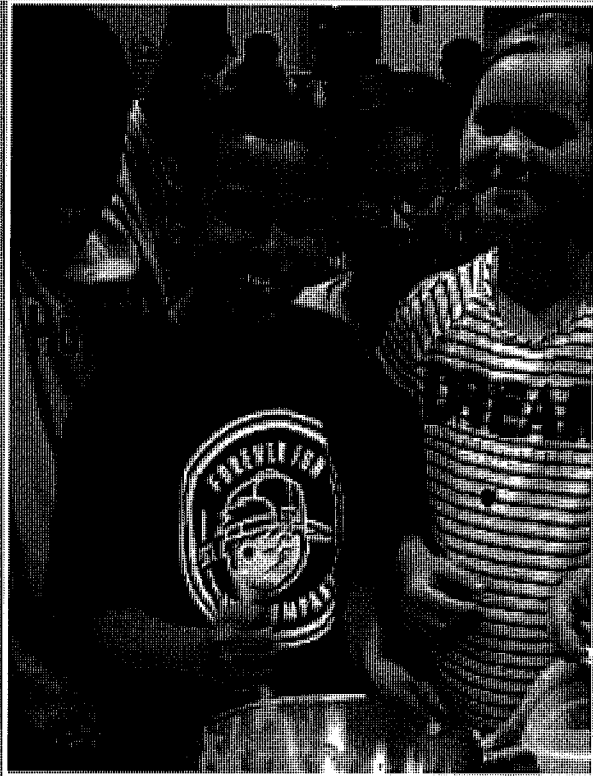
SUMMER ENRICHMENT PROGRAM



July 9 – August 10
Regular Day & Extended Day

To be held at
John Paul II Catholic Academy • 790 Columbia Road • Dorchester

Learn more: 617-436-2190 | DorchesterCatholic.org



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 your child, led 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.

MONDAY JULY 9 — FRIDAY AUGUST 10, 2018

Regular Day 8:30am — 3:30pm | Extended Day 3:30pm — 6:00pm

\$400.00 per Child for Five Weeks

(includes breakfast, lunch, field trips, and materials)

Extended Day: Monday — Thursday, \$7 per hour

Payment should be received before June 1, 2018

HEALTH INFORMATION

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 for the children. Each child is expected to participate in all of the activities. In order to understand and provide for your child's or children's needs, please provide the following information:

DOES YOUR CHILD(REN) HAVE ANY PHYSICAL OR MENTAL PROBLEMS? YES NO

PLEASE BRIEFLY EXPLAIN _____

HEALTH INSURANCE PROVIDER: _____

INSURANCE NUMBER: _____

DOES YOUR CHILD(REN) HAVE ANY ALLERGIES? _____

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.

FAMILY INFORMATION

FATHER _____

ADDRESS _____

EMAIL _____

CELL PHONE _____ WORK PHONE _____

IN CASE OF EMERGENCY CALL _____

CELL PHONE _____

MOTHER _____

ADDRESS _____

EMAIL _____

CELL PHONE _____ WORK PHONE _____

IN CASE OF EMERGENCY CALL _____

CELL PHONE _____

FIRST CHILD

LAST NAME _____ FIRST NAME _____

DOB _____

SCHOOL _____ GRADE _____

SPECIAL NEEDS/ALLERGIES _____

SECOND CHILD

LAST NAME _____ FIRST NAME _____

DOB _____

SCHOOL _____ GRADE _____

SPECIAL NEEDS/ALLERGIES _____

THIRD CHILD

LAST NAME _____ FIRST NAME _____

DOB _____

SCHOOL _____ GRADE _____

SPECIAL NEEDS/ALLERGIES _____

We take many pictures during the summer program, which are used to show families the events of each day and for marketing purposes. Do you give permission for the staff to photograph your child or children during the summer program?

Yes No