

+ Holy Rosary Bilingual Academy +

# Kids' Camp

(Fall, Winter, Spring)

Spanish/English Language

OUTDOOR FUN

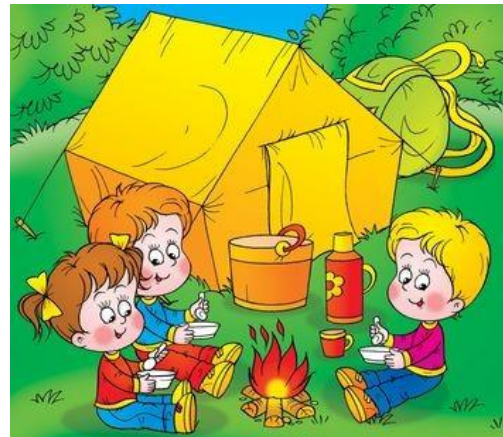
ARTS and CRAFTS

Reading, Math, Science

Faith-Based Learning



- Ages 3-5 years
- Meets Mon through Fri  
8 am - 3 pm\*\*
- A loving Christ-centered environment
- Play based & age appropriate curriculum
- Cost is \$2250 for 12 weeks\*
- \*Billed out Monthly at \$750/month, Additional \$100 Registration Fee Required



**Fall Session: Sept. 1st - Nov. 24<sup>th</sup>\*\***

**Winter Session: Nov. 30th - Mar. 5<sup>th</sup>\*\***

**Spring Session: Mar. 8th - June 4<sup>th</sup>\*\***

Holy Rosary Bilingual Academy  
2323 54<sup>TH</sup> Ave E. Fife, WA 98424  
(On St. Martin of Tours Campus)

\*\*Excludes Holidays

Holy Rosary Bilingual Academy  
2323 54<sup>th</sup> Ave East  
Fife, WA 98424  
Phone: 253-272-7012  
E-mail: Office@holyroarybilingual.org

Child # 1:

Child's Name \_\_\_\_\_  
First Name Middle Name Last Name

Child's  
Birthday \_\_\_\_\_ Sex \_\_\_\_\_

Allergies and/or other medical  
problems: \_\_\_\_\_

Child # 2:

Child's Name \_\_\_\_\_  
First Name Middle Name Last Name

Child's  
Birthday \_\_\_\_\_ Sex \_\_\_\_\_

Allergies and/or other medical  
problems: \_\_\_\_\_

Child # 3:

Child's Name \_\_\_\_\_  
First Name Middle Name Last Name

Child's  
Birthday \_\_\_\_\_ Sex \_\_\_\_\_

Allergies and/or other medical  
problems: \_\_\_\_\_

Family  
Address \_\_\_\_\_  
Street City Zip Code

**My child will attend:** \_\_\_\_\_ Fall Session 1 (\$2250); \_\_\_\_\_ Winter Session (\$2250); \_\_\_\_\_ Spring Session (\$2250)

**Parent or Guardian Information:**

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

**Emergency contacts:**

Contact 1:

Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone during camp hours \_\_\_\_\_

Contact 2:

Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone during camp hours \_\_\_\_\_

**CONSENT FORM**

This registration is to enroll my child in Seasonal Camp at Holy Rosary Bilingual Academy. By signing this form I hereby grant permission for my child to use all of the play equipment and also give Holy Rosary Bilingual Academy permission to photograph my child.

**Mother's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Father's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Additional Consent:**

**My child/ren may use technology for educational purposes only, under the supervision of the camp instructor** Yes \_\_\_\_\_ No \_\_\_\_\_

**My child/ren may be photographed for newsletters, website, and/or social media marketing/communication purposes** Yes \_\_\_\_\_ No \_\_\_\_\_

**For office use only:**

Session Paid through: Cash \_\_\_\_\_ Check \_\_\_\_\_ or FACTS Monthly E-Payment \_\_\_\_\_