

St. Charles Borromeo Church
3003 Dewey Avenue
Rochester, NY 14616-3798
663-8000

2009-2010

Family Name: _____ E-mail Address: _____

Address: _____ City: _____

Zip Code: _____ Phone: _____

Mother's Name: _____ Maiden Name: _____

Mother's Religion: _____ Work phone: _____

Father's Name: _____ Work phone: _____

Father's Religion: _____

Child(ren) live(s) with: Both parents _____ Mother _____ Father _____

Other _____

Address (if different than above) _____

We are registering for the **Summer Program (7/12/10-7/23/10) / Family Enrichment**

Yes [] No [] (grades K-8)

We are registering for the **Home Study / Family Enrichment**

Yes [] No [] (grades 1-8)

Sunday School Yes [] No [] Please circle: 3 yr. old, 4 yr. old, 5 yr. old
9:30 -10:30 a.m. (9/27/09 - 3/28/10)

Are you a **registered** member of St. Charles Parish? Yes [] No []

If no, what parish are you a member of _____

Fee: \$50.00 per family, plus \$10.00 textbook fee per child.

Additional \$10.00 non-parishioner fee.

(over)

I (we) wish to register the following child(ren) - starting with youngest to oldest:

1. Child's Last Name _____ First _____

Birthday _____ **Grade child will finish in June 2010*** _____

2. Child's Last Name _____ First _____

Birthday _____ **Grade child will finish in June 2010*** _____

3. Child's Last Name _____ First _____

Birthday _____ **Grade child will finish in June 2010*** _____

*For Kindergarten placement, child **must** have completed Kindergarten during the 2009-2010 school year; likewise, for First Grade placement, child **must** have completed First Grade during the 2009-2010 school year. This placement policy applies to both parishioners and non-parishioners.

Please indicate any special challenges or gifts that your child(ren) has (have) that we should be aware of: (e.g. hearing impairment, musical/artistic talent, short attention span, food allergies, hyperactivity, etc.).

Emergency Information:

Phone# _____ Name: _____

Relationship to child: _____

To whom may the child be released when the program/event is over? (Please list ALL possibilities.)

Name	Phone Number	Relationship
------	--------------	--------------

Is there anyone to whom the child **cannot** be released? _____

Signature _____

Date _____

FOR OFFICE USE ONLY

Amount paid: _____ Check# _____

Cash _____ Date _____ Initial _____