



The Arc

of Katy

**The Arc of Katy
Summer Program Registration**

Name of Participant: _____ **Age:** _____

Please indicate which Sessions your participant would like to attend by placing an “X” by each session selected and then indicating which days your participant would like to attend in that particular Session. (Only “FULL SESSIONS” can be selected. Participants must attend the same days each week in a Session. Days can be changed in other selected Sessions.)

We encourage all families to share information about The Arc of Katy Summer Camp Program with family and friends who might be interested in participating.

Fridays will be added to the Program providing attendance of 20 or more can be met.

___ **Session 1** **June 5-June 30, 2017 (Tuition: \$35 Per Day)**
 ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

___ **Session 2** **July 3-July 28, 2017 (Tuition: \$35 Per Day)**
 ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

___ **Session 3** **July 31-August 17, 2017 (Tuition: \$35 Per Day)**
 ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Please return completed forms to the Day Program by email: thearcofkaty@gmail.com
or mail to:

The Arc of Katy, ATTN: SUMMER PROGRAM, P.O. Box 6133, Katy, TX 77491

You will receive a confirmation notice and further instructions once your form is received.
If you have questions, please contact The Arc of Katy at 832-754-9802.

Summer Program Location: Cornerstone Evangelical Presbyterian Church, 1351 S. Mason Road, Katy, TX 77450. Hours are 8:00 am – 3:00 pm

The Arc of Katy welcomes volunteers – please let us know if you are interested in volunteering.

Name/Phone _____

Availability _____

Our Volunteer Application and more information about Summer Camp can also be found at www.thearcofkaty.org



SUMMER PROGRAM REGISTRATION

General Information

Name of Participant: _____ Birthdate: _____

Participant's Address: _____

Mother's Name: _____ Mother's Phone Number: _____

Cell Number: _____

Mother's Address: _____

Mother's Email: _____ Mother's Work Number: _____

Father's Name: _____ Father's Phone Number: _____

Cell Number: _____

Father's Address (if different): _____

Father's Email: _____ Father's Work Number: _____

In Case of Emergency and a parent CANNOT be reached, please call:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Please list persons to whom Participant is to be released:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Medical

Please list any current medications (attach list if necessary) _____

Please list any allergies or other pertinent medical information _____
