



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](mailto: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](http://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 \_\_\_\_\_

\_\_\_\_\_