

SAINTS' SPIRIT DAYS REGISTRATION FORM

To register for all or a portion of the LCA Saints' Spirit Days Summer Day Camp Program, please complete the form below in full and return it, along with your one-time, non-refundable deposit of \$50 per family (\$60 after April 12), to the LCA Main Office by Friday, April 12. Note that fees for individual days are also subject to the deposit, due upon registration.

Child's Name: _____ Grade in Fall 2019: _____ Parent Email: _____
 Parents' Names: _____ Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 In case of emergency, contact: _____ Phone: _____

I give my child permission to attend the LCA Saints' Spirit Days program and permission to participate in all program activities, field trips and trips to Foster Pool. I also authorize emergency medical treatment for my child in the event I cannot be reached. Please sign below:

Father: _____ Date: _____
 Mother: _____ Date: _____

CAMP OPTIONS:

Please choose either the full program, weekly sessions or individual days. (You must complete a separate form for each camper.)

FULL PROGRAM (\$2,050 total) 12-week program, June 5 – August 21 (all 12 weeks)

WEEKLY SESSIONS (\$200 per full week) (check all that apply):

- Week 1: Jun 5 – Jun 7 **START OF SUMMER (\$150)**
- Week 2: Jun 10 – Jun 14 **BE A SAINT**
- Week 3: Jun 17 – Jun 21 **GARDENING**
- Week 4: Jun 24 – Jun 28 **SPORTS**
- Week 5: Jul 1 – Jul 3 **RED, WHITE & BLUE (\$150)**
- Week 6: Jul 8 – Jul 12 **HANDS-ON ART**
- Week 7: Jul 15 – Jul 19 **NATIVE AMERICANS**
- Week 8: Jul 22 – Jul 26 **AROUND THE WORLD**
- Week 9: Jul 29 – Aug 2 **SPACE**
- Week 10: Aug 5 – Aug 9 **TOP CHEF: LCA**
- Week 11: Aug 12 – Aug 16 **OCEAN**
- Week 12: Aug 19 – Aug 21 **WET & WILD (\$150)**

INDIVIDUAL DAYS (\$50 per day)

My child will attend LCA's Saints' Spirit Days on these days only:					
Camp Week	Check all days attending				
	Mon.	Tues.	Wed.	Thurs.	Fri.
Week 1					
Week 2					
Week 3					
Week 4					
Week 5					
Week 6					
Week 7					
Week 8					
Week 9					
Week 10					
Week 11					
Week 12					

To complete registration, please return to the Care Program office: This Form Registration Fee Automatic Payment Form
 Emergency Medical Form Field Trip Permission Slip Lakewood Park Permission Slip

Pool Pass # _____ Please turn in pool pass number to Sara Koumandarakis by June 5th.

T-Shirt Size _____

I agree to pay camp fees by (check one):

- Check:** You will receive a monthly invoice; payment by check is due in the Summer Day Camp Office by the 15th of the following month during which your child attends camp.
- Automatic ACH withdrawal:** You will receive a monthly notice of your scheduled payment; your account will be debited for fees on the 15th of any month after which your child attends camp.
- Advanced Payment:** If your children are not LCA students and you will pay each week's fees before camp begins.

Please initial here _____

PHOTO RELEASE - 2019 SUMMER CARE PROGRAM

I give my permission to Lakewood Catholic Academy School to use photos or videos in which my child may appear for publication or display purposes. YES NO

**Below is authorization to pay tuition and fees for
Lakewood Catholic Academy's Summer Care Program for the following student(s)**

(please list students names):

**Lakewood Catholic Academy
Authorization Agreement for
Automatic Payments**

I hereby authorize Lakewood Catholic Academy to directly debit my checking account for payment of fees for Lakewood Catholic Academy to the account listed below. I hereby authorize Lakewood Catholic Academy to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account listed below.

Schedule of direct debits: Month of June 07/15/2019
 Month of July 08/15/2019
 Month of August 09/15/2019

Instructions:

- Payments will be debited to your account as shown above.
 - If the 15th falls on a weekend or holiday your account will be debited on the following business day.
 - Monthly debited amount is for the prior month's fee.
 - Transit/ABA number is the nine digit number, generally preceding your account number.
- **Please attach voided check with this form.**

Financial Institution Name and Branch Location	Transit/ABA No. (Nine digit number)	Account No.	Type of Account
Institution: _____ Branch: _____	_____	_____	<input type="radio"/> Checking <input type="radio"/> Savings

Automatic debit authority is to remain in full force until Lakewood Catholic Academy has received written notification from me of its termination in such timely manner as to afford Lakewood Catholic Academy and Financial Institution a reasonable opportunity to act on it.

Signature _____ Date _____

Please Print Name _____



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