

Emergency Information

Authorized pick up persons:

1. Name _____

Phone# _____

2. Name _____

Phone# _____

In case of emergency or illness contact:

1. Name _____

Phone# _____

Relationship _____

2. Name _____

Phone# _____

Relationship _____

Medical information:

Allergies: (food, medication, bees)

Medications: _____

If an Epi-Pen is needed, please provide an Epi-Pen to the Director prior to the start of the session. The Epi-Pen will be returned on the last day.

St. Anthony School Summer Program

Week 1 SAS Culinary Cafe



July 11-15, 2011
9:00 AM - 12:00 PM

Week 2 Art Exploration



July 18-22, 2011
9:00 AM - 12:00 PM

Sample Curriculum/Activities

Opening prayer
Faith experience Activities
Literature
Art & Crafts
Creative movement
Cooking
Science
Music

Faculty

Mrs. Valerie Berger — Director
Mrs. Diana Hayden
Mrs. Linda Barberet
Mrs. Nancy Groth

Return Registration Form and Payment to
School Office by May 27th.
Space Limited

Registration

Student(s)

Name _____ Age _____

Parents:

Name: _____

Address: _____

Phone # _____

Tuition

One session

Both sessions

First Student --- \$100

\$175

Second Student--- \$75

\$125

Third Student ---- \$50

\$75

Number of students

Week 1 _____ Week 2 _____

If finances are a concern, please
contact Mrs. Devanney.

Would you be interested in a 3rd Summer Program
involving Drama in the month of August?

Yes _____ No _____