Our Lady of Peace Summer Program 2401 West 38th Street Erie, PA 16506

REGISTRATION

Child/Children's Names	Sex	Date of Birth	Grade in August
1			
2			
3			
4			
Home address			
Father's nameV	Vork #	Cell #	Home #
Mother's name	Work #	Cell #	Home #
Email address			
My child will be attendin Full time (5 days a week) Part time M T W _ T-shirt size			essary for staffing)
Youth Small Medic Adult Small Medic			.arge
Parent/Guardians Signat Please return this form all of \$40 for one child or \$6 20 th . Checks should be n	ong with th 0 for a fan	nily to the school	office by May

Any questions please email olpsummercamp@hotmail.com