

Mark your calendars:

# **SUMMER ART AND PE CAMP**

with Ms. Herlihy

and

Ms. Sauvageau is back!

Camp will take place

June 7<sup>th</sup>- June 11<sup>th</sup>

from 9:00 a.m. to 1:00 p.m.

The cost will be \$145.00 and will include a t-shirt.

Any students who have **completed**

Kindergarten through 4th grade

are welcome to attend.

Bring your friends from the neighborhood!

Pack your lunch and join us for a week filled

with art and P.E. activities.

For additional information contact Ms. Herlihy at

[nherlihy@gaschool.org](mailto:nherlihy@gaschool.org) or 770-518-1804 ext.713.

# **MIDDLE SCHOOL SUMMER ART CAMP**

will take place the same week from

1:00 p.m. to 3:00 p.m.

The cost will be \$80.00 and will include t-shirt.

This will be for students who have completed 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> grades. Friends are welcome.

Join us for a week filled with fun arts and crafts.

**Please print, and fill out an application. Completed applications along with fees can be turned into the front office.**

# Queen of Angels Catholic School Middle School Art Camp

Queen of Angels /11340 Woodstock Road / Roswell, Georgia 30075 (770) 518-1804

Student's Name \_\_\_\_\_  Male  Female

Student's Birthday: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
month date year

**Grade Just Completed:** (circle one) **4th – 5th – 6th** **Week Of Camp:** *June 7 -11, 2010*

Address \_\_\_\_\_  
Street City State/Zip Code

Father,  Stepfather,  Other \_\_\_\_\_  Mother,  Stepmother,  Other \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address (If different)

\_\_\_\_\_  
Address (If different)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home Phone (If different)

\_\_\_\_\_  
Work Phone / Cellular

\_\_\_\_\_  
Work Phone / Cellular

## Please check and explain concerning the following items - Applicant has:

- Allergies to foods. Description \_\_\_\_\_  
 Physical disability of which school should be informed. Description \_\_\_\_\_  
 Special current/recurrent illness. Description \_\_\_\_\_

The following people are emergency contacts, and/or people that I give permission to pick up my child:

1. \_\_\_\_\_  
Name Phone Number

2. \_\_\_\_\_  
Name Phone Number

Pediatrician \_\_\_\_\_  
Name Phone Number

*I understand that my child will not be released into custody of any person who is not authorized by appearing on this list. Also, in case of emergency, the school will make every reasonable effort to contact me and the physician named on this form. If this is not possible, Queen of Angels Catholic School has my permission to call 911, or to take my child to the nearest medical facility available.*

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

\*Fee \$80.00 This is a **NON-REFUNDABLE** fee and it is due upon registration.

★ T-shirt size: \_\_\_\_\_ Youth Large \_\_\_\_\_ Adult small \_\_\_\_\_ Adult medium \_\_\_\_\_ Adult large \_\_\_\_\_ other

(ck.# \_\_\_\_\_ amt. \_\_\_\_\_)

**For additional information contact:** [nherlihy@qaschool.org](mailto:nherlihy@qaschool.org)

# Queen of Angels Catholic School Summer Camp

Queen of Angels /11340 Woodstock Road / Roswell, Georgia 30075 (770) 518-1804

Student's Name \_\_\_\_\_  Male  Female

Student's Birthday: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
month date year

**Grade Just Completed:** (circle one) **K - 1 - 2 - 3 - 4** **Week Of Camp:** *June 7- 11, 2010*

Address \_\_\_\_\_

Street City

State/Zip Code

Father,  Stepfather,  Other \_\_\_\_\_  Mother,  Stepmother,  Other \_\_\_\_\_

\_\_\_\_\_ Name

\_\_\_\_\_ Name

\_\_\_\_\_ Address (If different)

\_\_\_\_\_ Address (If different)

\_\_\_\_\_ Home Phone

\_\_\_\_\_ Home Phone (If different)

\_\_\_\_\_ / \_\_\_\_\_  
Work Phone Cellular

\_\_\_\_\_ / \_\_\_\_\_  
Work Phone Cellular

## Please check and explain concerning the following items - Applicant has:

- Allergies to foods. Description \_\_\_\_\_  
 Physical disability of which school should be informed. Description \_\_\_\_\_  
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Name Phone Number

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Name Phone Number

Pediatrician \_\_\_\_\_  
Name Phone Number

*I understand that my child will not be released into custody of any person who is not authorized by appearing on this list. Also, in case of emergency, the school will make every reasonable effort to contact me and the physician named on this form. If this is not possible, Queen of Angels Catholic School has my permission to call 911, or to take my child to the nearest medical facility available.*

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

\*Fee \$145 This is a **NON-REFUNDABLE** fee and it is due upon registration.

★ **T-shirt size:** \_\_\_\_\_ Youth Large \_\_\_\_\_ Adult small \_\_\_\_\_ Adult medium \_\_\_\_\_ Adult large \_\_\_\_\_ other

(ck.# \_\_\_\_\_ amt. \_\_\_\_\_)

**For additional information contact:** [nherlihy@qaschool.org](mailto:nherlihy@qaschool.org)