



Vianney Academy **MARCH BREAK CAMP** Registration Form

Please send your completed form to karenuschold@gmail.com with the subject line
"Registration Form: *Camper Name*".

March 11 - 15, 2024 9 am to 3:30 pm (early drop off 8:00 am)

Camper Information:

Name (first and last): _____

Birthdate: _____ Age: _____

Parent/Guardian Information:

Name (first and last): _____

Address: _____

Email Address: _____

Phone Number: _____

Additional parent/guardian information: _____

Emergency Contact: (Other than Parent or Guardian)

Name: _____

Phone Number: _____

Relationship: (Grandparent, friend, etc.) _____



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Does your child have any learning challenges? If yes, please describe.

Does your child have any allergies? If yes, please list.



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PERMISSIONS:

1. I, _____ (print parent name) give permission for my child,
_____ - (print child's name) to be driven to the local park(s) by
authorized Vianney Academy Staff or Volunteers.

Signature of Parent: _____

Date: _____

2. I give permission for photos to be taken of my child, and used by Vianney Academy Inc.

I give permission for my child to appear in the following:

Please check Yes or No for each.

School Displays YES _____ NO _____

Vianney Website YES _____ NO _____

Vianney Facebook Page YES _____ NO _____

Vianney Yearbook YES _____ NO _____

Vianney Advertisements YES _____ NO _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



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Camper Name: _____

Please select the days(s) you would like to register:

- ☐ Day 1 – March 11
- ☐ Day 2 – March 12
- ☐ Day 3 – March 13
- ☐ Day 4 – March 14
- ☐ Day 5 – March 15

My child needs a 1:1 Worker: Yes _____ No _____

RATES:

Small Group: \$85/day

1:1 Support: \$210/day

2:1 Support: \$120/day

TOTAL FEES:

Please calculate your total fees here:

#of Days _____ x Rate _____ = Total \$ _____

PAYMENT METHOD:

_____ CASH

_____ E-TRANSFER TO: vianneyacademy@gmail.com

_____ PAYPAL

Date payment received: _____