



2009 St. Pius X  
**Drama Camp**  
**ONE APPLICATION PER CHILD**

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Male/Female \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Grade in Sept. 09 \_\_\_\_\_ School Attending \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**\$220 per week per child, \$210 per week per 2nd or 3rd child**  
**YOUR APPLICATION WILL BE ACCEPTED UNLESS YOU HEAR FROM US.**

Check all dates your child will attend:

- July 6 - 10      Carousel
- July 13 - 17    You're a Good Man,  
Charlie Brown
- July 20 - 24    Into the Woods
- July 27 - July 31    The Sound of Music

Payment

Make checks payable to: *St. Pius X Summer Program* (\$20 fee for returned checks). Payment for **full weeks only**. **Please do not include Summer Program fees with other school payments.**

Mail checks and registration to:

*St. Pius X Summer Program*  
*23 Crumitie Road, Loudonville, NY 12211*

If an emergency arises and a parent cannot be reached, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

I certify that my child has permission to attend the St. Pius X Program and that he/she will be subject to the rules and regulations of the program. I understand that if a health emergency arises, I will be notified. If I cannot be reached by telephone, I authorize medical treatment as deemed necessary by a competent medical professional.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**