



Franciscan Life Center 2018 Land-Based Summer Enrichment Program for Children

The Franciscan Life Center's Land-Based Summer Enrichment Program for children will be offered for two sessions this summer for 6 to 12 year olds.

Location: The John Lateran Center, 405 Allen Avenue, Meriden, CT



- DATES:** Session 1 - June 25 – June 29, 2018
Session 2 – August 6 – August 10, 2018
- TIME:** 9:30 am – 3:00 pm
- ACTIVITIES:** Gardening, animal care, confidence and team building games, sports, crafts and campfire bread making
- FEE:** \$180.00 per child
- FOOD:** Please send a bag lunch. Drinks and snacks will be provided.

Please complete a separate registration form for each child.

Send the registration form(s) and fee to the Franciscan Life Center, 271 Finch Avenue, Meriden, CT 06451. Please make checks payable to the Franciscan Life Center.

A consent form and a media release form will be sent to you with verification of your child's registration a month before the session begins. Please complete these forms and bring them on the first day of the session.

The Youth Leadership Program for children between the ages of 13 and 14 will be held from June 25 through June 29, 2018. For more information about this program or to obtain an application visit flcenter.org or call 203-237-8084.

FRANCISCAN LIFE CENTER

LAND-BASED SUMMER ENRICHMENT PROGRAM
2018 REGISTRATION FORM

Name of Child _____

Nickname _____

Choose one session June 25th – June 29th _____ August 6th – August 10th _____

Current Age _____ Date of Birth _____ Boy ___ Girl ___

Age at time of camp _____ Grade in school as of fall 2018 _____

Have you ever attended this camp before? ___ Yes ___ No

Name of Parent(s) _____

Address _____

Street

City

State

Zip

Phone Numbers Home _____ Work _____

Cell Phone _____ Email Address _____

Emergency Contact Person _____

Relationship to Child _____

Emergency Contact Person Phone Number _____

Any allergies or special needs? _____ If yes, please list below.

Any special interest? _____ If yes, please list below.

If you would like to pay by debit/credit card please complete the following:

Debit/Credit Card Number _____ Expiration Date _____

Name of Cardholder (Please Print) _____ CVV Code _____

Signature of Cardholder _____