



## FRANCISCAN LIFE CENTER SUMMER ENRICHMENT PROGRAM

### LAND-BASED EXPERIENCES FOR CHILDREN

The Franciscan Life Center's land-based summer experiences for children ages 6 to 12\* will be offered for three weeks this summer.

DATES: July 6, 2009 – July 10, 2009  
July 13, 2009 - July 17, 2009  
July 20, 2009 – July 24, 2009

TIME: 9:30 a.m. - 3:00 p.m.

PLACE: Franciscan Sisters of the Eucharist  
405 Allen Avenue  
Meriden, CT 06451

#### ACTIVITIES

INCLUDE: Art, Music, Animal Care, Gardening, Storytelling, Baking, Drama, Sports, and other educational activities.

AGE & FEE: 6 years old - 12 years old - \$175.00  
Children must be 6 and entering first grade in the fall, and not older than 12 at the beginning of the session.

FOOD: Please send a bag lunch. Drinks and snacks will be provided.

**Registration is limited to one week per child. Please complete a separate registration form for each child you are registering.** Send the form(s) with your registration fee to Franciscan Life Center, 271 Finch Avenue, Meriden, CT 06451. Register early because spaces are limited.

A consent form and a media release form will be sent to you with verification of your child's registration a few weeks before the session begins. For more information, please contact Rosellyn Giampietro at (203) 237-8084. Thank you.

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\*Children who are 13 and 14 can apply for our Youth Leadership Training Program to be held during the week of June 29 through July 3, 2009. Children who are 14 and entering 9<sup>th</sup> grade in the fall can apply for the Assistant Counselor Program. For more information please contact Rosellyn Giampietro at (203) 237-8084.



## FRANCISCAN LIFE CENTER SUMMER ENRICHMENT PROGRAM 2009 REGISTRATION FORM

Name of Child \_\_\_\_\_

Nickname \_\_\_\_\_

Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_

Age at Time of Camp \_\_\_\_\_ \* Grade in school as of fall 2009 \_\_\_\_\_

\*Children must be 6 and entering first grade in the fall, and not older than 12 at the beginning of the session.

Session: July 6 – July 10  July 13 - July 17  July 20 – July 24

Name of Parent (s) \_\_\_\_\_

Address \_\_\_\_\_  
Street

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

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail 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 complete the following:

Debit/Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name of Cardholder (Please Print) \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_