



Saints Dennis and Joseph CATHOLIC ACADEMY

Thank you for choosing the SDJCA Summer Enrichment Program. We believe that this program will provide a Catholic environment that promotes excellence in learning, prevent the summer slide and continue the development of the whole person through the Gospel message.

At this point, we do have some openings in both camps. Please follow the outlined steps listed here so that your registration may be processed efficiently.

1. Please complete and return: registration form for the SDJCA Summer Enrichment Program and registration fee. We cannot process your registration if it is not complete.
2. Submit a check for Registration made out to SDJCA Summer Enrichment Camp for \$100.00. If your child is accepted, this registration fee will be applied to the session tuition payment. This fee is non-refundable once Ms. La acknowledges registration via email to you.
3. Return the registration packet to the school office or Ms. La by May 27, 2024 to reserve your child's spot.
4. If you have any questions, please contact SDJCA south campus school office at (815) 838-4494 or email Ms. La - lramirez@sdjacademy.org



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FAMILY NAME: _____ (please print) DATE: _____

Child's Legal Name: _____

Child's Birthdate: _____

Father's Name: _____

Mother's Name: _____

Address: _____ (street name)

_____ (city/zip code)

Telephone #: (____) _____

E-mail Address: _____ (Mother)

E-mail Address: _____ (Father)

(Please print. E-mail addresses will be used to communicate information)

Grade to Enter in the Fall: _____

Child's Religion _____

Child's Allergies/Other Medical Conditions: _____

Emergency Contact Information:

Please provide any additional persons that may pick up your child.



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SDJCA Early Learning Center Summer Enrichment Camps Sessions

Session 1:

___ June 10 FD HD / M T W TH F
___ June 17 FD HD / M T W TH F
___ June 24 FD HD / M T W TH F

Break July 1st – July 5th

Session 2:

___ July 8 FD HD / M T W TH F
___ July 15 FD HD / M T W TH F
___ July 22 FD HD / M T W TH F
___ Aug 5 FD HD / M T W TH F

For office use:

Registration Fee \$100.00

___ Paid-Check # ___

___ Date Received

Signature: _____

Date: _____

Fees are to be paid at the start of each week.

5 Days per week

(HD) ½ day: \$200.00 (FD) Full Day: \$400.00

4 Days per week

½ day: \$160.00 Full Day: \$320.00

3 Days per week

½ day: \$120.00 Full Day: \$240.00

Please note that once registration has been completed and acknowledged via email, you will be responsible for payment of the days chosen on this registration form.

Our family intends to abide by all the standards, policies, and regulations of SDJCA.

Signature of Parent/Guardian

Signature of Parent/ Guardian