



Summer Literacy Program

St. Patrick Youth

Child's Name _____

D.O.B. _____

Address _____ City _____

State _____ Zip Code _____

School Currently Attending _____

Grade _____

Emergency
Contact _____ phone _____

Email Address _____

Allergies or Medical Concerns _____

Goals for your child this summer _____

Days to attend : please circle: Tuesday Wednesday Thursday

Weeks: All weeks _____ Or specify _____

Deposit paid: \$30.00 Check _____ Cash _____ Credit _____