

ST. MARY'S SCHOOL

SUMMER CAMP APPLICATION FORM

Please print information legibly

Camper _____

Address _____

City _____ Zip Code _____ Phone _____

Age _____ Grade in September _____ Cell Phone _____

Email _____

Parents (Legal Guardians) _____

Emergency Contact _____ Phone _____

ALLERGIES/MEDICAL INFORMATION _____

	HOURS	FEES		
CAMP	7:30 – 4:00	WEEKLY CARE	\$150.00	Due no later than first day of each scheduled week
		REGISTRATION FEE	\$10.00	Due with application (nonrefundable)

Please check the weeks that you are applying for:

	June 26 – June 30		July 24 – July 28
	July 3 – July 7 \$120 No camp on the 4th		July 31 – August 4
	July 10 – July 14		August 7 – August 11
	July 17 – 21 \$75 Mornings are free		August 14 – August 18

Indicate the time needed:

Parent Signature _____

Date _____