

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 | 8:00 – 3:30 | WEEKLY CARE | \$150.00 | Due no later than the first day of each scheduled week |
| CAMP W/ EXTENDED CARE | 7:30-5:00 | WEEKLY CARE | \$180.00 | Due no later than the first day of each scheduled week |
| | | | | |
| | | REGISTRATION FEE | \$10.00 | Due with application (nonrefundable) |
| | | | | |

Please check the weeks that you are applying for:

| | | | |
|--|-----------------------------|--|-----------------------|
| | June 29 – July 3 \$75/\$105 | | July 27 – July 31 |
| | July 6 – July 10 | | August 3 – August 7 |
| | July 13 – July 17 | | August 10 – August 14 |
| | July 20 - July 24 | | August 17– August 21 |
| | | | August 24 - August 28 |

Parent Signature _____

Date _____