ST. MARY'S SCHOOL SUMMER CAMP APPLICATION FORM

Please print information legibly

Camper			
Address			
City	Zip Code	Phone	
Age Grade	e in September	Cell Phone	
Email			
Parents (Legal Guar	dians)		
Emergency Contact		Phone	
ALLERGIES/MEDICA	L INFORMATION		

	HOURS	FEES		
САМР	7:30 – 4:00	WEEKLY CARE	\$150.00	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 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 earliest time you will drop off._____

Indicate the latest time you will pick up._____

Parent Signature_____

Date_____