

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	FEE		
CAMP	8:00 – 4:30	WEEKLY CARE	\$175.00	Due no later than the first day of each scheduled week
	8:00 – 4:30	Full 9 Weeks	\$1,465.00	If paid in full by May 15th
		REGISTRATION FEE	\$10.00	Due with application (nonrefundable)

Please check the weeks that you are applying for:

	June 27 – July 1		July 5– July 8 - No camp on Monday, \$140.00
	July 11– July 15		July 18 – July 22
	July 25 – July 29		August 1 - August 5
	August 8 – August 12		August 15 – August 19
	August 22- August 26		

Parent Signature _____

Date _____