

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	\$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:

<input type="checkbox"/>	July 1 - 3 (Prorated \$108)	<input type="checkbox"/>	July 8 - 12
<input type="checkbox"/>	July 15 - July 19	<input type="checkbox"/>	July 22 - July 26
<input type="checkbox"/>	July 29 - August 2	<input type="checkbox"/>	August 5 - August 9
<input type="checkbox"/>	August 12 - August 16	<input type="checkbox"/>	August 19 - August 23

Parent Signature _____

Date _____