

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 _____

Tuition needs to be in good standing in order to use this service.

	HOURS	FEES		
CAMP	8:00 – 4:30	WEEKLY CARE	\$180.00	Due no later than the first day of each scheduled week
		REGISTRATION FEE	\$20.00	Due with application (nonrefundable)

Please check the weeks that you are applying for:

	June 29- July 2 (Prorated \$110)	wk 1		July 6- 10	wk 2
	July 13 - July 17	wk 3		July 20 - July 24	wk 4
	July 27 - July 31	wk 5		August 3- August 7	wk 6
	August 10 - August 14	wk 6		August 17- August 21	wk 8

Parent Signature _____

Date _____