

St. Rose-McCarthy School
2019 Summer Camp

Location

St. Rose-McCarthy School
1000 N. Harris Street
Hanford, CA 93230
559-584-5218
www.strosemccarthy.com
secretary@strosemccarthy.com

Dates & Times

Monday – Friday, 8:15 a.m.-12:15 p.m.
Session 1: June 10-14
Session 2: June 17-21
Session 3: June 24-28

Tuition

\$100/week (\$50 non-refundable deposit due with registration form at least one week prior to when the session begins)

Snack Bar Available

Students will have a recess/break between sessions from 10:05-10:25. A snack bar will be open with items ranging in price from 25 cents to \$1.00. Students are welcome to bring snacks from home but will not have access to a refrigerator or microwave.

Registration

All campers must be entering 1st – 8th grade in the 2019-20 school year. To register for summer camp, please return the registration form, the emergency form, and the non-refundable deposit to St. Rose-McCarthy School. You may also email or mail registration back to secretary@strosemccarthy.com or mail to our address listed above. Please make payments to St. Rose-McCarthy School.

Courses include, but are not limited to the following:

Under the Sea, Fairy Tales & STEM Activities, Stars & Stripes, The Cosmos, Geology Fun, Community Workers, Culinary Creations, On the Road Again, Fun with Fitness, Detectives on Duty, & European Exploration
Campers will get to experience two different classes each day.

8:15-10:05 – 1st Period
10:05-10:25 – Recess Break/Snack time
10:25-12:15 – 2nd Period

Registration/Emergency Form

Student's Name: _____

Grade in the Fall: _____ Current School: _____

Mailing Address: _____

City, State, Zip: _____

Parent/Guardian: _____

Cell/home numbers: _____

Email Address: _____

Work/Emergency Contact Number: _____

I, the undersigned parent/legal guardian of _____, a minor, do hereby authorize St. Rose-McCarthy School, their agents and/or employees, to notify my physician, _____, phone number: _____, or in the event that such physician cannot be contacted, consent to any medical care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act. This authorization shall remain effective until _____, 2019, unless sooner revoked in writing and delivered to said agent. It is understood and agreed that any such medical care rendered pursuant to this authorization shall be at the sole expense of the parent/legal guardian of the child.

Date: _____ Parent/Guardian Name: _____

Address: _____

Relationship to Student: _____ Cell: _____

Please sign permission to give your child Tylenol/Ibuprofen: _____ Child or _____ Junior

Signature: _____ Date: _____

My child will attend the following sessions:

Session 1: _____ (June 10-14)

Session 2: _____ (June 17-21)

Session 3: _____ (June 24-28)