



# Saint Benedict Summer Camp 2025 Registration

Current Grades Three-Five

Welcome to 2025 Summer Camp at Saint Benedict! Please fill in the information requested below and return this form to the office by Friday, April 11, 2024. A non-refundable deposit of \$50 is due with your registration. This fee will be applied to your first week of camp.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address (if different from parents): \_\_\_\_\_

Week	Theme	Half Day 8:00-12:00 \$160/week	Full Day 8:00-3:45 \$250/week
June 23-27	Creative Writing with Miss O'Brien		
June 30-July 3 **(4 days)	Music, Music, Music with Mrs. Millhouse	**\$130	**\$200
July 7-11	STEM with Mrs. Girard		
July 21-25	Shakespeare in the Park with Mrs. Girard		
August 4-8	Science Exploration with Mr. Paiva		

\*\*Discount rates apply to the week of June 30-July 3 ONLY

The names listed below are the only persons authorized by me to pick up my child(ren).

\_\_\_\_\_  
(Name) (Phone #) (Relationship to the child)

\_\_\_\_\_  
(Name) (Phone #) (Relationship to the child)

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please list significant health factors that we should be aware of such as allergies, inhalers, eyeglasses, hearing aids, etc. Please list any medications that your child uses.

I agree to have my child transported by ambulance and/or treated for medical or dental problems if an emergency should arise. I accept full responsibility for all medical expenses incurred as a result of my child(ren)'s participation in this program.

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Date \_\_\_\_\_

\_\_\_\_\_ Parent/Guardian Name (print)

\_\_\_\_\_ Local Physician's Name

\_\_\_\_\_ Parent/Guardian (signature)

\_\_\_\_\_ Office Phone #

\_\_\_\_\_  
Address