Saint Benedict Summer Camp 2025 Registration

Current Grades PreK-Grade Two

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: | |
|---------------------------------|--|--------------------------------------|-------------------------------------|
| Date of Birth: | Current Grade: | | |
| Address (if different parents): | ent from | | |
| Week | Theme | Half Day 8:00-12:00 \$160/week | Full Day 8:00-3:30 \$250/week |
| June 23-27 | Math Games and Exploration | | |
| June 30-July 3 **(4 days) | Patriotic Week | **\$130 | **\$200 |
| July 7-11 | Sports Week | | |
| July 14-18 | Messy Art Week | | |
| July 21-July 25 | Literature Comes Alive | | |
| August 4-8 | Science Week | | |
| **Discount rates a | pply to the week of June 30-July 3 ONLY | • | |
| The names listed | I below are the only persons authorized by n | ne to pick up | my child(ren). |
| (Name) (Phone # | *) (Relationship to the child) | | |
| (Name) (Phone # | (Relationship to the child) | | |
| Parent/Guardian | Signature: | | |
| | Da | te: | - |

| 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. |
| |
| |
| |
| Date |
| Parent/Guardian Name (print) |
| Local Physician's Name |
| Parent/Guardian (signature) |
| Office Phone # |
| |

Address