



ST. MARY CATHOLIC SCHOOL SUMMER CAMP 2024

I wish to enroll my child/children in St. Mary Summer Camp Program.

Child Name(s): _____ Age _____ Gr. _____
_____ Age _____ Gr. _____
_____ Age _____ Gr. _____

Parent/Guardian:

Mother: _____ Daytime # _____

Father: _____ Daytime # _____

Address: _____ City _____ Zip _____

Open from June 10th thru August 23rd, 2024

(closed July 4th & 5th)

6:30 a.m. – 5:30 p.m.

A late fee of \$1.00 per minute charged after 5:30pm

***** There will be NO Summer Camp available August 26th-30th *****

Extended Care will begin on the first day of school-September 3rd

My child/children will attend the SMS Summer Camp Program. I understand that I will be charged an hourly rate of \$4.75, a monthly bill will be issued, and my account must remain current to use the program. I understand Summer Camp will be open daily from 6:30AM-5:30PM.

Please designate a person(s) who has permission to pick up your child/children from Summer Camp. (For your child's safety, we will not permit anyone else to pick up your child unless we have received instructions in writing.)

Please note any allergies your child/children may have: (Include medication and foods)

*****I am enclosing my \$30.00, per child, non-refundable deposit along with my registration form*****

Parent/Guardian Signature: _____ Date ____/____/____

E-mail Address: _____
(we will use this to contact you with any schedule changes)