

St. James Summer Camp 2026 Application

Name of Camper: _____ Date of birth: _____

Grade completed in June: _____ School attended: _____

Name of Parent or guardian: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Email: _____

1. Emergency contact: who do we call if we are not able to reach a parent at above number?

1st contact's name: _____ Phone: _____

2nd contact's name: _____ Phone: _____

2. Medical Information:

Allergies _____ YES _____ NO

Allergic to: _____

Medical conditions: _____ YES _____ NO

Please explain: _____

3. Emergency care: I authorize St. James Summer Camp to seek emergency medical care for my child as deemed necessary by the Director or the Director's designee.

Parent/guardian signature _____ Date _____

5. Daily Pick-Up. You must email/call the camp if any other individual will be picking up your child. Names of individuals (other than parent/guardians) authorized to pick up my child:

Camp Choices

4 Camp Age groups:

Group #1: children must be 16 MONTHS by JUNE 1, 2026 . Children do not need to be toilet trained Students will be in 4 groups by age	Group #2: children must be AT Least 3 yrs 8 MONTHS by JUNE 1, 2026 and up <u>AND FULLY TOILET TRAINED</u>
Group #3: students who finished Pre-K 4 program in June 2026	Group #4: students who finished Kindergarten in June 2026.

Please check (x) the camp you are choosing AND the weeks to attend below

Priority: Current students, siblings, alumni, registered for September and church Families.

<u>Sessions from 9-1:00pm</u> <input type="checkbox"/> Group #1 <input type="checkbox"/> Group #2 <input type="checkbox"/> Group #3 <input type="checkbox"/> Group #4 Tuition: Priority \$425/ Non-Priority \$450	<u>Sessions from 9-3:00pm</u> <input type="checkbox"/> Group #1 <input type="checkbox"/> Group #2 <input type="checkbox"/> Group #3 <input type="checkbox"/> Group #4 Tuition: Priority \$575/ Non-Priority \$625
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<u>Choose Camp Weeks</u> <input type="checkbox"/> Wk 1 June 8-June 12 <input type="checkbox"/> Wk 2 June 15-June 19 <input type="checkbox"/> Wk 3 June 22 - June 26 <input type="checkbox"/> Wk 4 June 29- July 3 <input type="checkbox"/> Wk 5 July 6 - July 10 <input type="checkbox"/> Wk 6 July 13 - July 17 <input type="checkbox"/> Wk 7 July 20 - July 24 <input type="checkbox"/> Wk 8 July 27 - July 31 <input type="checkbox"/> Wk 9 Aug.3 - Aug. 7 <input type="checkbox"/> Wk 10 Aug 10 - Aug. 14	<u>Before care 8:00-9:00</u> <input type="checkbox"/> Wk 1 <input type="checkbox"/> Wk 2 <input type="checkbox"/> Wk 3 <input type="checkbox"/> Wk 4 <input type="checkbox"/> Wk 5 <input type="checkbox"/> Wk 6 <input type="checkbox"/> Wk 7 <input type="checkbox"/> Wk 8 <input type="checkbox"/> Wk 9 <input type="checkbox"/> Wk 10 Before Care 8:00-9:00 am: \$20/hour	<u>After care 3:00-4:00</u> <input type="checkbox"/> Wk 1 <input type="checkbox"/> Wk 2 <input type="checkbox"/> Wk 3 <input type="checkbox"/> Wk 4 <input type="checkbox"/> Wk 5 <input type="checkbox"/> Wk 6 <input type="checkbox"/> Wk 7 <input type="checkbox"/> Wk 8 <input type="checkbox"/> Wk 9 <input type="checkbox"/> Wk 10 After Care 3:00-4:00 pm: \$20/hour.
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I understand Camp tuition is non-refundable for any reason:

Parent/guardian signature: _____

Date: _____

The full non-refundable tuition is due with the application to hold your spot.