

St. James Summer Camp 2024 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 AT LEAST 27 MONTHS by JUNE 1, 2024. Children do not need to be toilet trained Students will be in 3 groups by age	Group #2: children must be AT Least 3 yrs 8 MONTHS by JUNE 1, 2024 and up <u>AND FULLY TOILET TRAINED</u>
Group #3: students who finished Pre-Kindergarten in June 2024	Group #4: students who finished Kindergarten in June 2024.

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 \$375/ Non-Priority \$410 (July 4th week \$225/\$245)	<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 \$500/ Non-Priority \$550 (July 4th week \$300/\$330)
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<u>Choose Camp Weeks</u> <input type="checkbox"/> Wk 1 June 10-June 14 <input type="checkbox"/> Wk 2 June 17-June 21 <input type="checkbox"/> Wk 3 June 24 - June 28 <input type="checkbox"/> Wk 4 July 1- July 3 (3 days of camp) <input type="checkbox"/> Wk 5 July 8 - July 12 <input type="checkbox"/> Wk 6 July 15 - July 19 <input type="checkbox"/> Wk 7 July 22 - July 26 <input type="checkbox"/> Wk 8 July 29 - Aug. 2	<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 (3 days of camp) <input type="checkbox"/> Wk 5 <input type="checkbox"/> Wk 6 <input type="checkbox"/> Wk 7 <input type="checkbox"/> Wk 8 Before Care 8:00-9:00 am: \$100 per week.	<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 (3 days of camp) <input type="checkbox"/> Wk 5 <input type="checkbox"/> Wk 6 <input type="checkbox"/> Wk 7 <input type="checkbox"/> Wk 8 After Care 3:00-4:00 pm: \$100 per week.
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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.