

Dear Parents/Guardians:

Great News.

We found a way to offer an affordable camp for your child.

The six (6) week Summer Camp Program costs only a total of \$600 for each child. For a \$100 a week (which is \$20 a day), your child will participate in Math, E.L.A., S.T.E.M., Gym, Theater Arts and Arts and Crafts, etc. This low price even includes Breakfast and Lunch.

The Camp runs from 8 am until 2:30 pm for five (5) days a week. The Camp starts June 21st and ends July 30th. (Fourth of July?)

This a fantastic way for your child to continue learning during the Summer and for Virtual Students to ease back into In Person Learning Settings. The Campers will be Saint Francis de Sales Students. We are fortunate to have our Teachers run the Camp.

There is a maximum of 100 Campers. Participation is on a First Come Basis. Some spots are already filled. Register today to guarantee a spot for your child.

Payment is as follows:

\$100 Registration Fee for each child is due when registering and completes Week 1's entire Fee.

Each Monday thereafter, you must pay an additional \$100 per child. If the Fee is not paid by 8 am on Wednesday, your child will not be permitted at Camp. Only Cash or Money Orders are accepted.

Pick up is at 2:30 pm and is strictly enforced. If your child is at Camp at 2:45 pm, you will be charged \$25.00 for each additional 15 minute increments. Three events of tardiness will cause the loss of the privilege of your child to participate at Camp.

Please contact Ms. Rue if you have any questions. KRue@desaleschool.net

Payments are due as follows:

CAMP TOTAL - \$600 – to be paid in full or installments (6 separate payments as listed below.)

1 - \$100 due with Registration Form. Non-Refundable.

Please know your child's spot is not held without registration fee.

The following payments are due at the Registration Desk when signing your child in each Monday.

2 – Week #2 due June 21st (\$100)

3 – Week #3 due June 28th (\$100)

4 – Week #4 due July 5th (\$100)

5 – Week #5 due July 12th (\$100)

6 – Week #6 due July 19th (*FINAL PAYMENT) (\$100)

****ALL PAYMENTS ARE TO BE MADE WITH CASH OR MONEY ORDER ONLY – NO PERSONAL CHECKS.***

DeSales Camp Registration Form

RETURN TO OFFICE WITH REGISTRATION FEE

Student Name: _____

Circle one: Only child in camp **OR** Sibling of another student enrolled in camp

If a sibling, list the other student(s) here: _____

Student Grade Level (beginning in Sept.) _____

I would like to enroll my child in the 6-Week summer camp program at St. Francis DeSales School. Camp will begin on Monday, June 21st and end on Friday, July 30th. **The total cost of the summer program is \$600, to be paid in full or over 6 installments – fully paid by July 19th.** Please know you will be required to sign in and make payment for your child at the start of camp each Monday at the Registration desk inside the auditorium.

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Please know your child's spot is not held without registration fee.

The following payments are due at the Registration Desk when signing your child in each Monday.

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***ALL PAYMENTS ARE TO BE MADE WITH CASH OR MONEY ORDER ONLY – NO PERSONAL CHECKS.**

*****RETURN THIS FORM WITH YOUR REGISTRATION FEE.**

COMPLETE ENTIRE 2 PAGES (Registration Above & Emergency Card below)

DE SALES CAMP EMERGENCY CARD

CHILD'S NAME _____ DOB: _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

MOTHER'S NAME _____ CELL PHONE NO. _____

FATHER'S NAME _____ CELL PHONE NO. _____

Names of persons allowed to pick up my child other than parents:

NAME _____ RELATIONSHIP _____ PHONE # _____

NAME _____ RELATIONSHIP _____ PHONE# _____

PHYSICIAN'S NAME _____ PHONE# _____

IN CASE OF EMERGENCY PLEASE CONTACT FIRST:

NAME _____ RELATIONSHIP _____ PHONE# _____

HEALTH INSURANCE INFORMATION:

POLICY NAME: _____ POLICY NO. _____

LIST ALL HEALTH PROBLEMS: _____

PLEASE LIST ALL KNOWN ALLERGIES: _____

LIST ANY MEDICATIONS THAT YOUR CHILD IS CURRENTLY TAKING: _____

DATE _____ PARENT'S SIGNATURE _____

PERMISSION SLIP – *SELECT ONE ONLY:*

_____ My child *is permitted* to go to Clark Park during DeSales Camp hours, accompanied by the teacher.

_____ My *child is NOT* permitted to go to Clark Park during DeSales Camp hours.

Parent Signature _____ Date _____