



Summer Rays Camp



Pre-K (4) through 6th Grade

Please fill out one form per camper

Camper Name: _____ Parent Name: _____

Address: _____

Day Phone: _____ Cell Phone: _____

Grade Entering in Fall: _____ Age: _____

Email Address: _____

Please Circle Weeks Attending:

- Week 1: June 10-14**
- Week 2: June 17-21**
- Week 3: June 24-28**
- *Week 4: July 1-3**
- Week 5: July 8-12**
- Week 6: July 15-19**
- Week 7: July 22-26**
- Week 8: July 29-Aug 2**

- AM Session \$ 150.00/wk
- All Day Camp \$ 200.00/wk
- *Week 4 -AM \$ 90.00 (3 days)
- *Week 4- All Day \$ 135.00 (3 days)

Extended Care: \$ 70.00 per week/per family (7:00am-9:00am) (3:00pm-6:00pm)
OR
 \$ 5.00 drop in/ per hour.

A NON-REFUNDABLE deposit of \$ 80.00 is due with registration form

Payment: Cash _____ Check # _____ Credit Card-Visa/Master Card/Discover/AMEX
 Card # _____
 Exp Date _____
 Security Code _____ Zip Code _____
 Authorized Signature _____

*****Please send in a lunch and drink if they attend full day, or lunch may be purchased for \$ 3.50 per day (PB&J, yogurt, snack & fruit). Snacks may be purchased at additional price.**

Release Form:

- I understand SJA's Summer Rays Camp may photograph my child during the camp. Registration grants permission to use photos in Summer Rays Camp publications and approved media sources unless I request otherwise. _____ **(initial)**
- I release SJA Summer Rays Camp and any of their agents or employees from any and all liability for claims and damages which might arise as a result of personal injuries received in connection with participation in the activities associated with this program. I certify that my camper's medical information is complete and accurate to the best of my knowledge. _____ **(initial)**

All campers must have a **current vaccination form on file with SJA camp by first day of camp or they will not be able to participate.**

My child has the following allergies:

- **For the safety and well-being of our campers, our SJA camp directors reserve the right to dismiss any camper (without refund) who displays behavioral or physical harm to another. _____(initial)**
- **The use of profanity is prohibited and also cause for dismissal from the program. _____(initial)**
- **_____ (initial) Cell phone use is prohibited at anytime during Summer Rays**
- **Payments are not prorated due to illness, inclement weather, vacation, disciplinary actions, payments are based on what you signed up for, not to be adjusted or combined _____(initial).**

St. John the Apostle is not responsible for any injuries sustained while participating in camp activities. _____(initial)

I have read and discussed the terms of the agreement with my child (children).

Parent Signature _____

******* Camp Selections TBA *******