



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: _____

Camp T-Shirt- \$ 10.00/ State size/ Youth-XS-Sm-Med-Lg-Xlg/Adults-Sm-Med-Lg

Please Circle Weeks Attending:

Week 1: June 12-16

Week 5: July 10-14

Week 9: Aug. 7-11

Week 2: June 19-23

Week 6: July 17-21

Week 3: June 26-30

****Week 7: July 24-28**

***Week 4: July 5-7**

Week 8: July 31-Aug 4

AM Session \$ 120.00/wk

All Day Camp \$ 170.00/wk

*Week 4 -AM \$ 75.00

*Week 4- All Day \$ 105.00

**** Week 7 – July 24th- July 28th is Field trip week for grades 1st through 6th. Additional charge for this week is \$ 35.00 per child, which covers the cost of all activities for the week. Must be registered and paid by the 7th of July in order to participate. See schedule for more information.**

All Specialty Camps - \$ 150.00/half day \$ 200.00/full day See schedule for dates and times.

Extended Care: \$ 50.00 per week/per family (7:00am-9:00am) (3:00pm-6:00pm)

OR

\$ 5.00 drop in/ per hour.

To reserve your spot at camp, a deposit of half the weekly fee is due at time of registration.

Balance must be paid in full by the Friday before each week of camp.

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)
- **Payments are not prorated due to illness, inclement weather, vacation, disciplinary actions, etc... _____ (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 Must Accompany the Registration Form*******