

# St. John the Apostle Mini Summer Camp 2022 Registration Form

St. John the Apostle School will be offering a mini summer camp between the end of school and the start of summer camps for students currently enrolled at SJA. The camp will include indoor and outdoor activities, arts and crafts, structured games and free play. Morning and afternoon snacks and drinks will be provided. Please bring own lunch. Any questions, please see AnnMarie Fullem or email [afullem@sjanj.org](mailto:afullem@sjanj.org). Please register by April 29, so we can plan accordingly. **\*\*Camp will be offered as long as there is sufficient enrollment. \*\***

Cost per week	Full day (8:00 - 5:00)	AM $\frac{1}{2}$ day ( 8:00 - 12:30)	PM $\frac{1}{2}$ day (12:30 - 5)
1st Child	\$275.00	\$140.00	\$140.00
2 <sup>nd</sup> Child/more	\$200.00	\$100.00	\$100.00

All registration forms and a \$100 deposit per child per week are due by April 29. The balance is due by May 27.

Family Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Child's Name/grade as of September 2022

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_

Please check off the weeks and times you are registering for

\_\_\_\_\_ June 20 - 24

\_\_\_\_\_ Full day      \_\_\_\_\_ AM  $\frac{1}{2}$  day      \_\_\_\_\_ PM  $\frac{1}{2}$  day

\_\_\_\_\_ June 27- July 1

\_\_\_\_\_ Full day      \_\_\_\_\_ AM  $\frac{1}{2}$  day      \_\_\_\_\_ PM  $\frac{1}{2}$  day

\*please turn over\*\*

Parent/Guardian Name and Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

Please list any medical issues or allergies \_\_\_\_\_

Name of anyone who is allowed to pick up your child other than the parents

\_\_\_\_\_

I give permission for my child/children to attend the St. John's Summer Camp. I, the parent/guardian agree that the above child/children is in good health and physically able to participate in the camp activities and further agree that the St. John's employees or St. John the Apostle School shall not be held liable in the event of an accident or injury which may occur from participating in this program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----OFFICE USE ONLY-----

# of children \_\_\_\_\_

Week 1 Total \_\_\_\_\_

Week 2 Total \_\_\_\_\_

Deposit \_\_\_\_\_

Deposit \_\_\_\_\_

Check # \_\_\_\_\_

Check # \_\_\_\_\_

Balance Due \_\_\_\_\_

Balance Due \_\_\_\_\_

Check # \_\_\_\_\_

Check # \_\_\_\_\_