

# St. Veronica School Summer Camp Registration Form

Please use this form to register for all camps.  
**All indoor camp areas are air conditioned.**

**Contact Information:**

Camper's Name: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Child lives with: Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

**In case of emergency**, when the student's parents cannot be reached, St. Veronica Summer Camp should contact the person(s) named below to grant emergency medical or dental treatment:

Name: \_\_\_\_\_ Day Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone #: \_\_\_\_\_

**Medical Information:**

Name of Physician: \_\_\_\_\_ Phone # of Physician: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

- List all allergies, medical conditions, health concerns (e.g., student wears contact lenses, is sensitive to sunlight, is allergic to bee stings, has dietary restrictions, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I give my permission to the above person(s) and the St. Veronica Summer Camp staff permission to give consent and/or treat my child in case of an emergency.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Day Camp- Rainbow Patch 4 year olds through Fifth Grade**

Each camp session runs Monday-Friday. Sessions are 2 consecutive weeks. Please circle the Session(s) your child will attend.

**There is a 10% discount for registering by January 29, 2010**

**Students attending full day camp and Vacation Bible School will receive a 50% fee reduction for that week.**

*Full Day Session (2 week minimum)*  
**9:00 am- 3:00 pm**  
**Tuition \$200.00 per week**

*Half Day Session (2 week minimum)*  
**AM- 9:00-12:00 or PM- 12:00-3:00**  
**Tuition \$100.00 per week**

**Please choose session(s)**

June 28- July 9	AM	PM	FULL DAY
July 12- July 23	AM	PM	FULL DAY
July 26- August 6	AM	PM	FULL DAY

**Before and After Care will be available from 8:00- 9:00 and 3:00- 5:00 for a fee of \$7.00 per hour.**

**Please Circle t-shirt size:**

Child: S M L XL                      Adult: S M L XL

**Special Programs- Middle School**

Each program will run for 2 consecutive weeks.

**HSPT**    Date: July 12- July 23            Time: 12:30 – 5:00  
**Tuition \$398.00 for two weeks**    *That's only \$9.00 per hour!*

**Musical Theater Camp**    Date: June 28- July 23    **Mon. Tues. and Thurs.**    Time: 9:00-3:00  
**Tuition \$445.00**

**Basketball Camp**    Date: July 26- August 6            Time: 9:00- 12:00  
**Tuition \$125.00 for one week**    **\$198.00 for two weeks**

**Tuition- Please make checks payable to St. Veronica School.**

Day Camp.....	\$ _____
HSPT.....	\$ _____
Drama Camp.....	\$ _____
Basketball Camp.....	\$ _____
<b>Total Tuition.....</b>	<b>\$ _____</b>
<b>25% Deposit.....</b>	<b>\$ _____</b>

