

**ST. PETER THE APOSTLE CATHOLIC SCHOOL 2018 SUMMER CAMP**  
**For 2-5 year olds (Preschool/Pre-K age) and entering Kindergarten, Grade 1, Grade 2, Grade 3**  
**7:30 a.m. – 4:30 p.m. Drop off/Pick up at your convenience**

Registration/Materials Fee \$25 will hold your space.

\$50 per day/\$150 per week/\$850 for the entire camp

All Summer Camp fees must be pre-paid. Bring your own Snacks/Lunch.

Fill out one form for each child

Child's Name \_\_\_\_\_

Current Age/Grade:    Preschool Age:  2     3     4     5         Kindergarten     Grade 1     Grade 2     Grade 3

Circle/Highlight your choice of days/weeks for Summer Camp!

A commitment from a minimum of 5 students is required for each week or the week will be cancelled.

| Theme                               | Monday          | Tuesday  | Wednesday | Thursday                                  | Friday  |
|-------------------------------------|-----------------|--|-----------|---|---------|
| Celebrating American Holidays       | June 18         | June 19  | June 20   | June 21                                   | June 22 |
| Dinosaurs                           | June 25         | June 26  | June 27   | June 28                                   | June 29 |
| CLOSED                              | HOLIDAY         | HOLIDAY  | HOLIDAY   | HOLIDAY                                   | HOLIDAY |
| Get out your Bible-VBS week         | July 9          | July 10  | July 11   | July 12                                   | July 13 |
| “Fear factor” cooking style         | July 16         | July 17  | July 18   | July 19                                   | July 20 |
| STREAM- Mad science                 | July 23         | July 24  | July 25   | July 26                                   | July 27 |
| Wacky H2O                           | July 30         | July 31  | Aug. 1    | Aug. 2                                    | Aug. 3  |
| Registration                        | \$ <u>25.00</u> | TOTAL DUE  |           | For Office Use Only / Payment Information |         |
| Total # of Days _____ x \$50/day    | \$ _____        | \$ _____   |           |   |         |
| Total # of Weeks _____ x \$150/week | \$ _____        | <input type="checkbox"/> Payment Enclosed                |           |   |         |
| 6 weeks - Entire Camp = \$850       | \$ _____        | <input type="checkbox"/> Bill Me (Current Families Only) |           |   |         |

| CONTACT INFORMATION |            |       |
|---------------------|------------|-------|
| Email Address       |            |       |
| Mother's Name       |            | Cell: |
| Father's Name       |            | Cell: |
| Other               |            | Cell: |
| Allergies           | Medication | Other |
|                     |            |       |