



SUMMER CAMP

2018

RATES

SCS Student		Non-SCS Student	
Full Day 9:00 am - 4:00 pm	\$150	Full Day 9:00 am - 4:00 pm	\$175
Half Day 9:00 am - 12:00 pm	\$100	Half Day 9:00 am - 12:00 pm	\$125

CAMP SCHEDULE

Session	Dates	Weekly Theme	Instructor
1	June 18th-June 22nd	Art	Ms. Martens
2	June 25th-June 29th	Tennis	Mrs. White
3	July 9th-July 13th	Cooking	Mr. Rodriguez
4	July 16th-July 20th	Sports	Ms. Fox
5	July 23rd-July 27th	Robotics	Mrs. Lowe
6	July 30th-August 3rd	Dance	BE Pom Squad

GENERAL CAMP INFORMATION

- ◆ There is a \$25 non-refundable registration fee per child. This is a one-time fee and will cover all sessions.
- ◆ Payments are due on the Thursday BEFORE your camp session begins.
- ◆ Fieldtrips are included in the full day student rate.
- ◆ Students bring their own lunches, snacks, and drinks.
- ◆ Extended day is available 7:00 AM - 9:00 AM and 4:00 PM - 6:00 PM for an additional charge of \$8/hour for the first child and \$4/hour for each additional child.

Summer Camp Director: Nelly Infante

Email: ninfante@summervillecatholic.org **Phone:** 843-873-9310



SUMMER CAMP

Registration Form

CAMPER INFORMATION

Camper Name: _____ Age: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Shirt Size (Circle): YS YM YL S M L XL
 Current School: _____ Grade Entering: _____
 Allergies/Conditions: _____

PARENT INFORMATION

<u>PARENT 1</u>	<u>PARENT 2</u>
Parent/Guardian Name: _____	Parent/Guardian Name: _____
Cell Phone #: _____	Cell Phone #: _____
Email: _____	Email: _____

AUTHORIZED PICK-UP INDIVIDUALS

In addition to parents/guardians, I authorize the following individuals to pick my child up from SCS Summer Camp:

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Cell Phone #: _____	Cell Phone #: _____

CAMP SELECTION

Session	Dates	Full Day (9AM -4PM)	Half Day (9AM-12PM)	SCS Camper Rate Calculation	
1	June 18-June 22	<input type="checkbox"/>	<input type="checkbox"/>	Registration Fee = \$25 # of Full Day Weeks _____ x \$150 = _____ # of Half Day Weeks _____ x \$100 = _____ Total Due = _____	
2	June 25-June 29	<input type="checkbox"/>	<input type="checkbox"/>		
3	July 9-July 13	<input type="checkbox"/>	<input type="checkbox"/>		
4	July 16-July 20	<input type="checkbox"/>	<input type="checkbox"/>		
5	July 23-July 27	<input type="checkbox"/>	<input type="checkbox"/>		
6	July 30-August 3	<input type="checkbox"/>	<input type="checkbox"/>		
				Non-SCS Camper Rate Calculation	
				Registration Fee = \$25 # of Full Day Weeks _____ x \$175 = _____ # of Half Day Weeks _____ x \$125 = _____ Total Due = _____	

I hereby state that Summerville Catholic School is not responsible for any pre-existing injury or re-occurrence on an undisclosed pre-existing injury or illness of the above camper prior to the first day the camper registers.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____