



St. Cecelia School Summer Camp 2016

Registration Form

Student's Name: _____

Grade 2016/2017 _____

Age as of 6/1 _____

Camp T-Shirt Size: YS YM YL YXL AS AM

Camp Crusader - Incoming Kindergarten* - 5th Grade

The camp is an 7 week program starting June 6th and ending July 22nd (no camp on July 4th for Independence Day). The camp will run Monday through Friday from 8:00 am to 4:00 pm with an option of extended day from 4:00-6:00 pm. Gates will open at 7:30 am for drop off. Please check boxes below for desired camp weeks. Price includes weekly swimming trip, **and** field trips. * Kindergarten students must be 5 years old by June 1, 2016.

Theme of the week...Field Trip

Cost Per Session

<input type="checkbox"/> Session 1:	June 6-10	Amazing Race! ... Captain Memo's Pirate Cruise	\$135
<input type="checkbox"/> Session 2:	June 13-17	On Safari! ... Busch Gardens (\$135 with pass)	\$170
<input type="checkbox"/> Session 3:	June 20-24	Chef du Crusader ... Practically Picasso/Philippe Park	\$135
<input type="checkbox"/> Session 4:	June 27 - July 1	Dream it, Think it, Build it ... Legoland (\$140 with pass)	\$165
<input type="checkbox"/> Session 5:	July 5-8	Red, White and Crusader ... Movie: "Secret Life of Pets"	\$120
<input type="checkbox"/> Session 6:	July 11-15	Discovery ... Dinosaur World	\$140
<input type="checkbox"/> Session 7:	July 18-22	Team Up! ... Empower Adventures Zipline Adventure Course	\$160
<input type="checkbox"/> Extended Day Program	4:00 pm - 6:00 pm	\$30 per week or \$8 per day	

Crusader Junior - 3 to 5 year olds

Full day 8-4 or Half day 8-12

Cost Per Session

Theme of the week...On-Site Activity

<input type="checkbox"/> Session 1:	June 6-10	Amazing Race!	\$135
<input type="checkbox"/> Session 2:	June 13-17	On Safari!	\$135
<input type="checkbox"/> Session 3:	June 20-24	Chef du Crusader	\$135
<input type="checkbox"/> Session 4:	June 27 - July 1	Dream it, Think it, Build it Week	\$135
<input type="checkbox"/> Session 5:	July 5-8	Red, White and Crusader Week	\$135
<input type="checkbox"/> Session 6:	July 11-15	Discovery Week	\$135
<input type="checkbox"/> Session 7:	July 18-22	Team Up Week!	\$135
<input type="checkbox"/> Extended Day Program	4:00 pm - 6:00 pm	\$30 per week or \$8 per day	

Off site activities do not apply to Junior campers, on-site activities for Junior campers to be announced.

St. Cecelia School Summer Camp 2016

Payment Information

Camp Crusader

June 6 - July 22nd 8am - 4pm

Registration fee	X \$55	\$	(one per camper)
Week 1	X \$135	\$	+ Ext Day \$30
Week 2	X \$170	\$	+ Ext Day \$30
Week 3	X \$135	\$	+ Ext Day \$30
Week 4	X \$165	\$	+ Ext Day \$30
Week 5	X \$120	\$	+ Ext Day \$30
Week 6	X \$140	\$	+ Ext Day \$30
Week 7	X \$160	\$	+ Ext Day \$30

(one week payment due at time of registration, price includes field trip)

Crusader Junior

June 6 - July 22nd 8am - 4pm or 8am - 12pm

Registration fee	X \$55	\$	
# of weeks FT 8-4	X \$135	\$	+ Ext Day \$30
# of weeks PT 8-12	X \$75	\$	

Total \$ **Check #** _____

Credit Card Payment

Card # _____ Exp. Date _____

Name (as it appears on card) _____

Signature _____

Consent & Release

I, the parent/legal guardian, of the named child on this form, do hereby assume all risks and hazards incidental to my child's participation in activities, use of equipment and facilities at St. Cecelia Interparochial School, and I do hereby agree to release, absolve, defend and hold harmless St. Cecelia School, St. Cecelia Church, The Diocese of St. Petersburg, and Bishop Robert N. Lynch and their employees, agents and volunteers from any and all claims, damages, losses or injuries of any kind, resulting from my child's participation in activities, use of equipment and facilities of St. Cecelia Interparochial School. I understand and assume the risks inherent with this event from other parties, but also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my youth.

By signing this form I understand this is a contractual agreement for full payment of all weeks chosen for summer camp.

Signature of Parent or Legal Guardian

Date

St. Cecelia School Summer Camp 2016

Information form/Emergency Medical Information

Student's Name _____ Age _____

_____ Age _____

Parents' Name _____

Address _____

City/Zip _____ Email _____

Home # _____

Mother's Cell # _____ Work # _____

Father's Cell # _____ Work # _____

Emergency Contact (other than parents) _____

Relationship _____

Phone _____ Cell _____ Work _____

Doctor _____ Doctor's # _____

Health Problems _____

Any medications taken _____

Any Allergies _____

With this document, I hereby authorize a licensed medical care institution to render emergency medical care as may be required.

Parent/Guardian Signature

Date

SEND REGISTRATION FORM TO:

St. Cecelia Interparochial Catholic School
1350 Court Street
Clearwater, FL 33756
Phone (727) 461-1200 Fax (727) 446-9140

