



St. Cecelia School Summer Camp 2017

Registration Form

Student's Name: _____

Grade 2017/2018 _____

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 5th and ending July 21st (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, 2017.

Theme of the week...Field Trip

Cost Per Session

<input type="checkbox"/> Session 1:	June 5-9	Imagination Station Week... Glazer Family Museum	\$135
<input type="checkbox"/> Session 2:	June 12-16	Community Week - Sweetwater Farms	\$135
<input type="checkbox"/> Session 3:	June 19-23	Crusader Olympics... Rays Game	\$135
<input type="checkbox"/> Session 4:	June 26-30	Wacky Water Week... Legoland & Waterslide	\$160
<input type="checkbox"/> Session 5:	July 3-7	Party is the USA... Astro Skate	\$120
<input type="checkbox"/> Session 6:	July 10-14	Happy Holidays Week... Sea World	\$170
<input type="checkbox"/> Session 7:	July 17-21	Camp Crusader Presents Foodies Week... Movies & Chef Visit	\$135
<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 5-9	Imagination Station Week	\$135
<input type="checkbox"/> Session 2:	June 12-16	Community Week	\$135
<input type="checkbox"/> Session 3:	June 19-23	Crusader Olympics	\$135
<input type="checkbox"/> Session 4:	June 26-30	Wacky Water Week	\$135
<input type="checkbox"/> Session 5:	July 3-7	Party in the USA	\$135
<input type="checkbox"/> Session 6:	July 10-14	Happy Holidays Week	\$135
<input type="checkbox"/> Session 7:	July 17-21	Foodies 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 2017

Payment Information

Camp Crusader

June 5 - July 21st 8am - 4pm

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

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

Crusader Junior

June 5 - July 21st 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 Gregory L. Parkes 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 2017

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

