



THE CATHOLIC ACADEMY OF STAMFORD

Camper's Name _____ Incoming Grade 24/25 _____
(1 student per form) Please print neatly and clearly

Parent/ Guardian's Name _____

Phone Number _____ Email _____

Name (s) of person(s) picking up camper _____

Contact Number _____

Allergies No ___ Yes, please list _____

* If your child has asthma or allergies, an epi-pen and/or inhaler must be provided to CAS for the duration of camp* **All campers must have an up to date medical form on file before the start of camp.**

Please select the week(s) you would like to register for. Full day 8-4 and half day 8-12 & 12 - 4

- Week 1 6/24 - 6/28 \$400 full day ___ \$ 200 half day 8-12___ or 12 - 4 ___
- Week 2 7/1 - 7/3 (no camp 7/4 or 7/5) \$250 full day ___ \$ 150 half day 8-12___ or 12 - 4 ___
- Week 3 7/8 - 7/12 \$400 full day ___ \$ 200 half day 8-12___ or 12 - 4 ___
- Week 4 7/15 - 7/19 \$400 full day ___ \$ 200 half day 8-12___ or 12 - 4 ___
- Week 5 7/22 - 7/26 \$400 full day ___ \$ 200 half day 8-12___ or 12 - 4 ___

Charge my FACTS account _____ I will be paying by check _____

Payment through FACTS is for re-enrolled Catholic Academy student only

All weekly payments must be made Monday mornings if paying by check or cash. Drop in days must be paid the same day.

We will be offering drop in for a day at \$100 per day.

Campers will participate in activities, geared toward weekly themes, such as arts and crafts, outdoor play, music and movement, water activities, and much more. Campers should pack a peanut free lunch, snack, and a refillable water bottle. Please be sure your camper wears comfortable clothing socks and sneakers. A bathing suit and towel are needed for water play.



Register by May 3rd