



Camper's Name	Incoming Grade 25/26
(1 student per form) Please prin	t neatly and clearly
Parent/ Guardian's Name	
Phone Number	Email
Name (s) of person(s) picking up campe	er
Contact Number	
Allergies No Yes, please list	
	n epi-pen and/or inhaler must be provided to CAS for the duration 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 6/16 - 6/20	\$600 full day \$ 300 half day 8 -12 or 12 - 4
[] Week 2 6/23 - 6/27	\$600 full day \$ 300 half day 8 -12 or 12 - 4
[] Week 3 6/30 - 7/3 (no camp 7/4)	\$480 full day \$ 240 half day 8 -12 or 12 - 4
[] Week 4 7/7 - 7/11	\$600 full day \$ 300 half day 8 -12 or 12 - 4
[] Week 5 7/14 - 7/18	\$600 full day \$ 300 half day 8 -12 or 12 - 4
[] Week 6 7/21 - 7/25	\$600 full day \$ 300 half day 8 -12 or 12 - 4
Drop in for a day at \$150 per day.	
Charge my FACTS account I will b	e paying by check
Payment through FACTS is for re-enrolled 0	Catholic Academy student only
All weekly navments must be made Monda	by mornings if paying by check or cash. Drop in days must be paid the

A minimum of 10 campers is needed per week for the camp to run.

same 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 (water shoes/crocs) and towel are needed for water play.

