



# Blessed Sacrament Summer Camp

**June 21-June 25:** Fun in the Sun

**June 28- July 2:** Drama Camp

**July 6- July 9:** Cosmic Camp

**From:** 9:00am-3:00pm

**For:** Campers entering into Kindergarten -6<sup>th</sup> grade

**Cost:** \$250 per one week session

\$200 for the 4 day week of Cosmic Camp

**Lunch:** Please pack a bag lunch Monday Through Thursday

We will have a special pizza lunch and a party on Fridays!

**Snacks:** Campers will get two snacks each day along with a drink

Please use the registration form on the back of this page and send it with the \$100  
**per week** non-refundable deposit to the school office.

**Spaces are limited so please sign up soon.**

## **A few highlights:**

**Fun in the Sun:** We will kick back and enjoy the summer weather, take a swim at Chinquapin, and make some delicious summer treats.

**Drama Camp:** We will put on a musical! During the week we will learn lines and dances, practice acting with fun activities and have a grand performance on the last day of camp!

**Cosmic Camp:** We will take an adventure into outer space. During the week will learn all about outer space and astronauts. We will have a special visitor to speak to us on a day as an Astronaut. Make some out of this world crafts and delicious treats to eat at snack.

Please print clearly and fill out all of the information included on the sign-up sheet. Send this sheet along with the information to the School Office.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parents Names: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency #: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you interested in before care? (8:00am-9:00am) \_\_\_\_\_

After care? (3:00-4:00) \_\_\_\_\_

Which sessions would you like to attend? (X all that apply)

Session 1: June 21-25 \_\_\_\_\_

Session 2: June 28- July 2 \_\_\_\_\_

Session 3: July 6-9 \_\_\_\_\_

\_\_\_ Enclosed is a check for \$100 per session as a non-refundable deposit fee. I understand that the remaining balance is due on or before the first day of camp.

\_\_\_ Enclosed is a check to cover the entire camp fee. Should I decide I no longer want my child to attend camp, before the first day, all but \$100 will be refunded. If I cancel after the first day of camp I understand that there will be no refund.

A small amount of financial aid is available; if you would like to apply, please see Mrs. Garcia

**Parental Consent:**

**I give my child permission to participate in the day camp indicated above. I have no knowledge of any physical impairment with would keep my child from participating in the camp's program. Upon signing this form I agree that in the case of an accident while participating in Blessed Sacrament Day Camp, I release the camp, the camp director, Blessed Sacrament School and other educational facilities that may be used for camp from and all liability.**

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date