



# Saint James School Summer Camp 2019 Application Form

Child(ren)'s Name(s)

Grades as of September 2019

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address:

\_\_\_\_\_ Street \_\_\_\_\_ Town \_\_\_\_\_ Zip Code

\_\_\_\_\_  
Parent's/Guardian's Name

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Cell Phone

September 2019 Incoming Kindergarten through 5<sup>th</sup> Grade  
June 17, 2019 – July 26, 2019 9:00am – 3:00pm

\_\_\_ \$200.00 per week for 1 child    \_\_\_ \$380.00 per week for 2 children    \_\_\_ \$560.00 per week for 3 children

**Please indicate your choice of week(s), choose as many as you would like:**

\_\_\_ Week 1: June 17 – June 21: **Summer Kick-Off!**

\_\_\_ Week 2: June 24 – June 28: **Land of Storybrook!**

\_\_\_ Week 3: July 1<sup>st</sup> – July 5: **Holiday Extravaganza! (No program July 4<sup>th</sup> in observance of the Holiday)\*\***

\_\_\_ Week 4: July 8 – July 12: **Let's Build!**

\_\_\_ Week 5: July 15 – July 19: **Arts & Crafts!**

\_\_\_ Week 6: July 22 – July 26: **Music Makers!**

\*\* Special rate applies – see flyer for amounts.

**Please indicate if you will be using the Before and/or After Camp Care Program:**

**Before Camp Care 7:00am - 9:00am**

\_\_\_ \$10.00 per hour for 1 child    \_\_\_ \$19.00 per hour for 2 children    \_\_\_ \$28.00 per hour for 3 children

**After Camp Care 3:00pm – 5:30pm**

\_\_\_ \$10.00 per hour for 1 child    \_\_\_ \$19.00 per hour for 2 children    \_\_\_ \$28.00 per hour for 3 children

**Full Time Extended Camp Care (Must Sign Up for All 6 Weeks of Camp to Qualify)**

\_\_\_ \$900 for 1 child    \_\_\_ \$1,620 for 2 children    \_\_\_ \$2,430 for 3 children

*Saint James School • 73 Park Street • Manchester, CT 06040 • 860-643-5088*

*For Office use only: \_\_\_ Administration    \_\_\_ Date    \_\_\_ Time    \_\_\_ Deposit    \_\_\_ FACTS*

**Saint James School Summer Camp 2019 Application Form**

**(Page 2)**

**Please Complete Both Pages/Sides of Form**

**Person Responsible for Payment**

Print Name: \_\_\_\_\_ Relationship to student(s): \_\_\_\_\_

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

\_\_\_\_\_

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

Work/Cell Phone: \_\_\_\_\_

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

Signed: \_\_\_\_\_

(Person responsible for payment)

Date: \_\_\_\_\_

Each week is limited and will be filled on a first come, first served basis.

In order to secure the week(s) you wish for your child(ren)

PLEASE COMPLETE AND RETURN THIS FORM  
TO THE MAIN OFFICE AS SOON AS POSSIBLE.

**Once your application has been approved you will be notified and your FACTS account  
will be charged for the first week you have selected.**

**Once your application has been accepted we are unable to provide refunds.**