



St. Amelia School

Summer Camp 2018

Friends And Fun Till The Day Is Done!



Run by St. Amelia Staff

Camp Information

- Includes Pre-K Program for students entering Pre-K3 or Pre-K4 in Fall '18
- Fun & age appropriate summer activities
- Hours: 9:00 am – 4:00 pm
- Ages 3-12 (Entering PK3-6th Grade in the Fall)
- Morning & Afternoon Juice & Snack
- Lunch Provided

Four Week Camp

Week 1: July 2 – July 6 (4 day week)

Week 2: July 9 – July 13

Week 3: July 16 – July 20

Week 4: July 23 – July 27

Pricing

- Only \$165 per week
- Pre-K Only
(Half Day Available for \$80)

Please call 836-2230

For more Information

Camp Includes

- Arts & Crafts
- Dance
- Nature Experiences
- Water Games
- Sports & Competition
- Computer
- Daily Ice Cream Social
- Camp T-Shirt
- Theme Days
- Games, Fun & More...
- Fitness Program
- STEM Activities

St. Amelia Summer Camp 2018

Registration Form



St. Amelia School
2999 Eggert Rd.
Tonawanda, NY 14150
716-836-2230

Camper Information

(Please use one registration form for each camper)

Name: _____ Age: _____ Fall '18 Grade: _____

Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

If not attending St. Amelia School, what school: _____

T-Shirt Size: (youth size): XS S M L XL

Emergency Contact

Father Name: _____ Work Phone: _____

Mother Name: _____ Work Phone: _____

Emergency Contact Name: _____

Phone: _____ Relationship to camper: _____

Person(s) responsible for dropping off/picking up child:*

1. _____ 2. _____

3. _____ 4. _____

*Your child will only be released to person(s) on this form, unless advance written consent is given by the parent/guardian. If, for any reason, your child does not comply with camp rules, they may be asked not to attend.

Medical Information

Allergies, Restrictions, and/or special information:

1. Medication that must be given to a child on a daily basis will be given to the Camp Director on the first day of camp with directions, doctor's name, and name of medication.
2. In case of accident or serious illness, I request the camp to contact me. If the camp is unable to reach me, I hereby authorize the camp to call the physician indicated below and follow his/her instructions. If it is impossible to contact the physician, the camp may make whatever arrangements are necessary.

Physician's Name: _____ Phone: _____

Physician's Address: _____

We understand that St. Amelia School have the right to legal action for non-payment of tuition and fees for summer camp, and the parents will be responsible for the cost of collection.

Signature of Parent/Guardian: _____ Date: _____

Please make checks payable to:

St. Amelia Summer Camp

And Send with Completed registration form to:

**ST. AMELIA SUMMER CAMP
2999 EGGERT ROAD
TONAWANDA, NY 14150**

Note: Reg. Fee of \$50 per week attending must accompany your signed registration form. (Nonrefundable or Transferable)

Amount enclosed \$ _____ Date: _____

Please circle the week(s) your child will attend.

Week 1 Week2 Week 3 Week 4 All 4 Weeks

**Pre-K, Please specify half or full day registration.