

CAMP CARDINAL

Summer 2017

Session 1

Week 1 May 22-25th (NO CAMP May 26th)

Week 2 May 30th- June 2nd (No CAMP MAY 29th-
Memorial Day)

Week 3 June 5th- 9th

Week 4 June 12th-16th

Week 5 June 19th-23rd

Week 6 June 26th- 30th

Session 2

Week 1 July 5th-7th (NO CAMP July 3rd and 4th)

Week 2 July 10th-14th

Week 3 July 17th- 20th (NO CAMP July 21st)

Sacred Heart School
Presents
CAMP CARDINAL

8:00am-4:00pm

Our summer camp experience will offer quality care daily for your child, which includes activities both on and off campus.

- Swimming
- Outdoor/Indoor Games
- Arts and Crafts
- Field Trips and Special Guests

One Child \$150.00 per week

Two children \$200.00 per week

Three children \$250.00 per week

****Summer Supply Fee \$50.00 per child****

You will need to provide 2 snacks (morning and afternoon) and a sack lunch daily.

Extended care will be available for a rate of \$5.00 per hour for those students who are arriving before 8:00AM and staying after 4:00PM. Extended care will begin at 7:00AM and end at 6:00PM.

Refer to the back of this paper for the summer session information.

For more information please call the school office.

CAMP CARDINAL

Summer 2017

Your child must be enrolled at Sacred Heart School for the 2017-2018 School year to attend Camp Cardinal

Please indicate below when your child will be attending Camp cardinal.

Session 1

_____ Week 1 May 22-25th (NO CAMP May 26th)

_____ Week 2 May 30th - June 2nd (No CAMP MAY 29th)

_____ Week 3 June 5th - 9th

_____ Week 4 June 12th - 16th

_____ Week 5 June 19th - 23rd

_____ Week 6 June 26th - 30th

_____ My child will need Before Care (7:00am-8:00am)

_____ My child will need After Care (4:00pm-6:00pm)

Please indicate below when your child will be attending Camp cardinal.

Session 2

_____ Week 1 July 5th - 7th (NO CAMP July 3rd and 4th)

_____ Week 2 July 10th - 14th

_____ Week 3 July 17th - 20th (NO CAMP July 21st)

_____ My child will need Before Care (7:00am-8:00am)

_____ My child will need After Care (4:00pm-6:00pm)

CAMP CARDINAL
REGISTRATION AND EMERGENCY FORM

Please return by Friday, May 19th

Family Name: _____

Home Phone: _____

Home Address: _____ City: _____ Zip: _____

Child: _____ Birth date: _____

Child: _____ Birth date: _____

Father's Name: _____ Phone Number: _____

Mother's Name: _____ Phone Number: _____

EMERGENCY CONTACTS (If parents cannot be reached)

Name: _____ Name: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Person permitted to pick up your child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Is there anyone who MAY NOT PICK UP YOUR CHILD?

Name: _____ Name: _____

List any health problems and/or allergies:

Parent Signature: _____ Date: _____

***Please indicate on the back which weeks your child will be attending
Camp Cardinal.***