



St. John's Parish Day School
Early Childhood Summer Camp 2019 Registration Form
 COMPLETE ONE (1) FORM PER CAMPER

Camper's Name _____ Boy ____ Girl ____

Camper's Date of Birth ___/___/___ Current Age _____

Our camp is open to children ages 3-1/2 to 5 (or entering Kindergarten in the fall of 2019).

Campers must be 3-1/2 by the first day of camp. This is a MD state regulation!

Class entering in fall 2019, circle one: 3s program 4s program Transitional Kindergarten Kindergarten

1 st Parent/Guardian	2 nd Parent/Guardian
Relationship	Relationship
Cell #	Cell #
Home Address	Home Address
Email	Email

Please check below to indicate your choice of session(s). Indicate full or partial day.

✓	Sessions	Full Day 9 am-3:30 pm \$290.00	Partial Day 9 am-1 pm \$200.00	Before Care 7:30 am-9 am \$65.00	After Care 3:30 pm-5:30 pm \$75.00	Session Total
	6/10-6/14					
	6/17-6/21					
	6/24-6/28					
	*7/1-7/3					
*Session 4 only: There is no camp on July 4 or 5. Pricing for this week - Full day \$174, Partial day \$120, Before Care \$39, After Care \$45.						
	7/8-7/12					
	7/15- 7/19					
	7/22- 7/26					
	7/29-8/2					
Total Cost For All Sessions (Add all camp sessions)						
Early Bird Discount: less 10% if registered before March 29, 2019						
Total Cost Due to St. John's Parish Day School (Check payable to SJPDS, Memo-Summer Camp)						

Important Notes:

- Payment is due with registration.
- There is a \$50 cancellation fee for cancellations prior to May 31, 2019.
- There will be no refunds after May 31, 2019.

I understand that I need to complete the Camper Health History & Combined Release and Consent forms for my child before the beginning of camp. Forms are available at www.stjohnspds.org

Parent Signature: _____ Date: _____

Return completed forms to: St. John's Parish Day School, Attn: Alison Enokian, Camp Director
 9130 Frederick Road, Ellicott City, MD 21042 or email to summer@stjohnspds.org

Questions? Call (410) 465-7644 x 488

Returned Check Fee \$25.00/Any changes to your registration will result in a \$20 fee per change.

FOR OFFICE USE ONLY: Check # _____ Amount _____ Date Rec'd _____