

# **St. John Vianney School**

## **SUMMER CAMP 2010**

### Summer Camp 2010 Dates

Week 1: (4 day) June 8 - June 11

Week 2: June 14 - June 18

Week 3: June 21 - June 25

Week 4: June 28 - July 2

Each week will include a variety of activities including: Sports and P.E. games, computer activities, art, crafts, talent show, dance party, movies, game time, fitness activities, group learning projects, etc.

Each child will receive a mid-morning and afternoon snack.

Water, lemonade, Gatorade will also be provided.

Children are responsible for bringing their own lunch. All lunches will be stored in the refrigerator until lunchtime. Please no lunches which require heating.

A complimentary T-Shirt will be provided each week of attendance.

Each child must wear athletic sneakers. Please no sandals, crocs, etc.

The SJV Summer Camp is open to all SJV students currently in grades 1-8.

**Camp Fee: \$135 per week**

**Early Drop off: (7:30—9:00am) \$15 per week.**

**Late Pick up: (4:00—5:30pm) \$15 per week.**

**You may choose any or all weeks. We do not offer partial weeks.**

**All balances due: Wednesday, June 2<sup>nd</sup> 2010.**

**Thank you and we look forward to a great summer!**

**2010 Summer Camp REGISTRATION** (Please send Pages 2-3 & payment to Computer Lab, Attention Mr. Hjortsberg)

*2010 Summer*

**Date Received:** \_\_\_\_\_

**Child's Name & Grade**

_____	_____
_____	_____
_____	_____
_____	_____

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

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

Parent Email \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Place Of Employment: \_\_\_\_\_

Phone at Work: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Place Of Employment: \_\_\_\_\_

Phone at Work: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Relative or Friend who can be contacted if parents cannot be reached:**

1. Name: \_\_\_\_\_

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

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

2. Name: \_\_\_\_\_

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

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

**People (other than listed above) who will pick up your children are:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**By signing below you acknowledge that St. John Vianney School will not be held liable for any accidents/injuries that may occur on school property during the weeks of summer camp.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please attach a current physical examination form along with your registration.**

2010 Summer Camp Registration:

Session Time:

**PLEASE CIRCLE ALL THAT APPLY:**

(Tues - Fri), June 8 - 11, 2010  
(\$105) 9:00 - 4:00PM

Morning Care 7:30 - 9:00AM  
(\$15)

After Care 4:00 - 5:30PM  
(\$15)

(Mon - Fri), June 14 - 18, 2010  
(\$135) 9:00 - 4:00PM

Morning Care 7:30 - 9:00AM  
(\$15)

After Care 4:00 - 5:30PM  
(\$15)

(Mon - Fri), June 21 - 25, 2010  
(\$135) 9:00 - 4:00PM

Morning Care 7:30 - 9:00AM  
(\$15)

After Care 4:00 - 5:30PM  
(\$15)

(Mon - Fri), June 28 - July 2, 2010  
(\$135) 9:00 - 4:00PM

Morning Care 7:30 - 9:00AM  
(\$15)

After Care 4:00 - 5:30PM  
(\$15)

**All balances are due: Wednesday, June 2<sup>nd</sup>, 2010**

TOTAL : \$ \_\_\_\_\_ (All checks payable to: St. John Vianney School)

Deposit: \$100.00 \_\_\_\_\_ Check #: \_\_\_\_\_ Date Received: \_\_\_\_\_

Remaining Balance: \_\_\_\_\_ Check #: \_\_\_\_\_ Date Received: \_\_\_\_\_

**Please Circle child/children's T-Shirt Size:**

Child's Name \_\_\_\_\_:    YS   YM   YL   YXL   S   M   L   XL

Child's Name \_\_\_\_\_:    YS   YM   YL   YXL   S   M   L   XL

Child's Name \_\_\_\_\_:    YS   YM   YL   YXL   S   M   L   XL

**(Please send Pages 2-3 & payment to Computer Lab, Attention Mr. Hjortsberg)**