

St. Matthew's School
SUMMER CAMP REGISTRATION 2018

Are you a family enrolled during the 17-18 school year? Yes _____ No _____

Child's Full Name: _____ Sex: M F DOB: _____

Name to be used in camp: _____ Child's Home Phone: (_____) _____

Child's Address: _____

Primary Email Address: _____

Mother's Name: _____ Mother's Cell Phone: (_____) _____

Father's Name: _____ Father's Cell Phone: (_____) _____

Does your child have food allergies? _____

If yes, which foods: _____

BUDDY REQUEST: Requests for children to be assigned to the same group will be considered. If you would like to make a buddy request please note the buddies first and last name below. This is **NOT** a guarantee of placement. In addition, the parents of **both** children must request the placement.

Name(s) of buddies: _____

All children must be 3 by June 1 and MUST be fully potty trained to attend summer camp; no exceptions will be made to the potty training policy.

Times: Camp classes will be held from 9:00 to 12:30 (3.5 hours) Monday through Thursday.
Lunch Bunch will be open to all campers from 12:30 to 1:30.

Week(s) registering for: _____ Week 1: June 4 to 7 Jungle Fever
_____ Week 2: June 11 to 14 Outer Space

Fees (due upon registration):

Registration fees are non-refundable. Camp fees will be refunded if a 15 day cancellation notice is given. Any cancellations made within 15 days of the start of camp will not be refunded.

_____ One week: \$150.00 + \$10.00 Registration Fee = Total of \$160.00

_____ Two weeks: \$300.00 + \$10.00 Registration Fee = Total of \$310.00

**Please return completed form along with a check made payable to:
St. Matthew's School, 2440 Conestoga Road, Chester Springs, PA 19425**