

St. Matthew's School
SUMMER CAMP REGISTRATION 2025

Are you a family enrolled during the 24-25 school year? Yes _____ No _____

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

Name to be used in camp: _____

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.

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.

Times: 9:00 to 12:00 Monday through Thursday
Lunch Bunch will be open to all campers from 12:00 to 1:00 for an additional \$7.50

Week(s) registering for:	_____ June 2 to 5	Mad Science
	_____ June 9 to 12	Dr Seuss on the Loose
	_____ June 16 to 19	Holiday Hullabaloo

Fees (due upon registration): *Registration fees are non-refundable unless a 15 day cancellation notice is given. Cancellations made within 15 days of the start of camp will not be refunded.*

_____ One week:	\$150.00
_____ Two weeks:	\$300.00
_____ Three weeks:	\$450.00

NEW FAMILIES ONLY!!!

Child's Address: _____

Primary Email Address: _____

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

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

Does your child have food allergies? _____ If yes, which foods: _____