

Holy Cross Academy Summer Camp

7630 Sutherland Ave.
Shrewsbury, MO 63119
(314) 647-7159 ext. 214
Email: dharmon@hca-stl.org

- _____ Week #1 June 5-8 Ooey, Goey, Science (\$120) (No camp on Monday)
- _____ Week #2 June 11- 15 Pirates and Mermaids (\$150)
- _____ Week #3 June 18-22 Hawaiian Hullabaloo (\$150)
- _____ Week #4 June 25-29 Stars and Stripes Forever (\$150)

If camp fees are paid in full at time of registration a \$5 per week discount will be given. If not paying in full, please submit a \$50 per week deposit with registration form. Deposits are non-refundable. Remaining fees are due, 2 weeks prior to camp week. Checks are payable to Holy Cross Academy. Credit cards cannot be used for camp fees. Camp age groups are limited to 30: preschool, K-2

Registration Form:

Child's Name: _____ Nickname: _____ Sex: _____

Address: _____ Zip Code: _____

Phone: _____ Birth date: _____

Mother's Name: _____ Email: _____

Address (If different from above): _____

Home Phone	Work Phone	Cell Phone

Mother's Place of Employment: _____

Father's Name: _____ Email: _____

Address (If different from above): _____

Home Phone	Work Phone	Cell Phone

Father's Place of Employment: _____

Allergies / Health Concerns: yes no

Please list below: _____

If Child becomes sick during camp which parent should be called first: _____?

Parish/Church Affiliation and Name: _____

Name of current school: _____ Last Grade: _____

My child enjoys: _____

My child is fearful of: _____

Emergency Contacts: (Other than parents or doctors):

Name/Relationship to Child: _____

Home Phone	Work Phone	Cell Phone

Name/Relationship to Child: _____

Home Phone	Work Phone	Cell Phone

Physician Name, Clinic, and Phone Number:

For emergency medical treatment of my child, my preferred hospital is:

Hospital Phone Number: _____

Other people who are authorized to pick-up child from camp/ Carpool group:

Name/Cell Phone Number: _____

Name/Cell Phone Number: _____

Name/Cell Phone Number: _____

I give permission to Holy Cross Academy summer camp staff to walk my child,

_____, to the Shrewsbury swimming pool.

Parent Signature: _____ Date: _____

You will receive an email confirmation after camp registrations have been processed.
In May, you will also receive a swim / health form to complete prior to attending camp.