



# Academy of Our Lady Summer Camp



Application Date: \_\_\_\_\_

Please Check One:

- New Camper  
 Returning Camper

Camper's Name: \_\_\_\_\_  
Last Name First Name Male: \_\_\_\_\_ Female: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at the Start of Camp: \_\_\_\_\_ Contact #: \_\_\_\_\_

T-Shirt Size (circle one): YXS (2-4) YS (6-8) YM (10-12) YL (14-16) Adult S Adult M Adult L Adult XL

School Camper is Attending Fall 2020: \_\_\_\_\_ Grade Entering Fall 2022: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

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

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

Mother's Work Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

Primary E-Mail Address (please print): \_\_\_\_\_

Parents are (circle one): Married Divorce Other (explain): \_\_\_\_\_

Person with whom the child resides? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Does your camper have any food allergies? Yes No

Does your camper have any other allergies? Yes No

Does your camper have any dietary restrictions? Yes No

Does your camper have any special needs or health concerns? Yes No

Is your camper on any medications we should be aware of? Yes No

If "yes" for any of the above, please explain here:

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My camper has permission to be released to the following individuals in addition to the emergency contact person listed above. Please list anyone who has permission to pick-up your child from camp in addition to guardians. (Please notify these individuals that they may be asked to show proof of identity before the camper is released.)

1. \_\_\_\_\_  
Name Driver's License # Phone Relationship

2. \_\_\_\_\_  
Name Driver's License # Phone Relationship

**Academy of Our Lady Summer Camp will run from May 31 – July 22 (July 4<sup>th</sup> off)**

Please select all dates you plan for your camper to attend.

- |  |   |
|--|---|
| <input type="checkbox"/> Session 1: Week 1 (May 31 – June 3) | <input type="checkbox"/> Session 1: Week 5 (June 27 – July 1) |
| <input type="checkbox"/> Session 1: Week 2 (June 6 – 10)     | <input type="checkbox"/> Session 2: Week 1 (July 5 – 8)       |
| <input type="checkbox"/> Session 1: Week 3 (June 13 – 17)    | <input type="checkbox"/> Session 2: Week 2 (July 11 – 15)     |
| <input type="checkbox"/> Session 1: Week 4 (June 20 – 24)    | <input type="checkbox"/> Session 2: Week 3 (July 18 – 22)     |

**PAYMENTS:** CAMPER’S FIRST WEEK OF CAMP AND REGISTRATION MUST BE PAID IN FULL AT REGISTRATION.

Payments can be made by the following:

- |   |          |
|---|----------|
| • Registration Fee (non-refundable, one-time fee) | \$35     |
| • Session 1 (May 31 – July 1)                     | \$700    |
| • Session 2 (July 5 – 22)                         | \$420.00 |

**PAY BY WEEK (ALL PAYMENTS DUE FRIDAY PRIOR TO ATTENDING)**

WEEKS	TUITION/ WEEK	BEFORE CARE	AFTER CARE
• Session 1: Week 1 (May 31 – June 3)	\$140	\$25	\$25
• Session 1: Week 2 (June 6 – 10)	\$140	\$25	\$25
• Session 1: Week 3 (June 13 – 17)	\$140	\$25	\$25
• Session 1: Week 4 (June 20 – 24)	\$140	\$25	\$25
• Session 1: Week 5 (June 27 – July 1)	\$140	\$25	\$25
• Session 2: Week 1 (July 5 – 8)	\$140	\$25	\$25
• Session 2: Week 2 (July 11 – 15)	\$140	\$25	\$25
• Session 2: Week 3 (July 18 – 22)	\$140	\$25	\$25

**FOR OFFICE USE ONLY:**

- |  |                          |                                   |                          |
|--|--------------------------|-----------------------------------|--------------------------|
| <input type="checkbox"/> REGISTRATION FEE            | \$35                     | ADDITIONAL T-SHIRTS: _____ x \$12 |                          |
| <input type="checkbox"/> SESSION 1 (MAY 31 – JULY 1) | \$700                    |                                   |                          |
| <input type="checkbox"/> SESSION 2 (JULY 5 – 22)     | \$420                    |                                   |                          |
| <input type="checkbox"/> WEEKLY SESSIONS             |                          |                                   |                          |
| _____ SESSION 1 (WEEK 1)                             | _____ SESSION 1 (WEEK 2) | _____ SESSION 1 (WEEK 3)          | _____ SESSION 1 (WEEK 4) |
| _____ SESSION 1 (WEEK 5)                             | _____ SESSION 2 (WEEK 1) | _____ SESSION 2 (WEEK 2)          | _____ SESSION 2 (WEEK 3) |
| <input type="checkbox"/> BEFORE CARE (\$25/WEEK)     |                          |                                   |                          |
| _____ SESSION 1 (WEEK 1)                             | _____ SESSION 1 (WEEK 2) | _____ SESSION 1 (WEEK 3)          | _____ SESSION 1 (WEEK 4) |
| _____ SESSION 1 (WEEK 5)                             | _____ SESSION 2 (WEEK 1) | _____ SESSION 2 (WEEK 2)          | _____ SESSION 2 (WEEK 3) |
| <input type="checkbox"/> AFTER CAE (\$25/WEEK)       |                          |                                   |                          |
| _____ SESSION 1 (WEEK 1)                             | _____ SESSION 1 (WEEK 2) | _____ SESSION 1 (WEEK 3)          | _____ SESSION 1 (WEEK 4) |
| _____ SESSION 1 (WEEK 5)                             | _____ SESSION 2 (WEEK 1) | _____ SESSION 2 (WEEK 2)          | _____ SESSION 2 (WEEK 3) |

PAYMENT TYPE: CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CARD (\$3.00 TRANSACTION FEE) \_\_\_\_\_

TOTAL PAID: \_\_\_\_\_

TOTAL AMOUNT OWED: \_\_\_\_\_