2018 Summer Camp Registration Form

(Please Print)

PARENT INFORMATION	
Child's Name:	
Grade Entering Fall 2018:	
Parent's Name:	
Parent's Contact e-mail:	
Parent's Contact Phone Number:	
Emergency Contact Name:	
Emergency Contact Phone:	
Authorized to Pick up Child:	
Contact Phone:	
Child's Allergies:	
Please Circle Camp Selection:	Art & Design Camp - June 18 – 22 – M - F Archery Camp – June 19 – 22 – M - F STEAM Camp – June 25 – 29 – M - F

_____ _____

Patient/Guardian signature *Date*

All fees must be paid in full and returned to school upon registration. Please make checks payable to Saint Giles School.

Camp fees are non-refundable unless a replacement student can take the camp spot for your child.

Checks payable to: St. Giles

Registration Deadline: June 8, 2018

Office Notes: check number _____

payment amount _____

camp name ART ARCH STEAM