



Saint Stephen's Episcopal School Day Camp
 215 North Front Street
 Harrisburg, PA 17101-1407
 717-238-8590

For Office use only:
 Date Application received: _____
 Date Paid: Reg. Fee _____
 Age as of June 5 _____

PLEASE USE INK TO COMPLETE.

St. Stephen's Episcopal School's Summer Day Camp Vision is to provide an engaging summer experience for our diverse community and the children of St. Stephen's Episcopal School.

REGISTRATION AGREEMENT (One camper per application)

Name _____ Name used _____
 Last First Middle

Male ___ Female ___ Date of Birth _____ Age as of June 5 _____ Grade entering _____

Name of Parents or Guardians:

_____ First Middle Last

Address _____

City _____ State _____ Zip _____

Phone: _____ Cell: _____

Email _____

Business Name _____

Business Phone _____

_____ First Middle Last

Address _____

City _____ State _____ Zip _____

Phone: _____ Cell: _____

Email _____

Business Name _____

Business Phone _____

How did you learn about St. Stephen's Episcopal School Day Camp?

Parental Agreement

Camp Weeks

Please check **one** option:

_____ My camper will attend for a full, 5-day week _____ My camper will attend for a partial, 3-day week

Please check the weeks that your camper will attend. A minimum of five (5) weeks will need to be used.

- | | |
|--|---|
| 1. _____ JUNE 5—JUNE 9; PMNT DUE MAY 31 | 6. _____ JULY 10—JULY 14; PMNT DUE JULY 5 |
| 2. _____ JUNE 12—JUNE 16; PMNT DUE JUNE 7 | 7. _____ JULY 17--JULY 21; PMNT DUE JULY 12 |
| 3. _____ JUNE 19—JUNE 23; PMNT DUE JUNE 14 | 8. _____ JULY 24--JULY 28; PMNT DUE JULY 19 |
| 4. _____ JUNE 26-JUNE 30; PMNT DUE JUNE 21 | 9. _____ JULY 31—AUG. 4; PMNT DUE JULY 26 |
| 5. _____ JULY 3-JULY 7; PMNT DUE JUNE 28 | 10. _____ AUG. 7-AUG. 11; PMNT DUE AUG. 2 |
| | 11. _____ AUG. 14—AUG. 18; PMNT DUE AUG. 9 |

A **\$10.00 non-refundable deposit for each week** must accompany this application. Weekly payments are due the WEDNESDAY BEFORE the first day of each week selected.

There is a \$45.00 per family registration fee. This fee is waived if registration is complete and summer camp fees are paid in full prior to June 5.

There is additional agreement information on the back. Signature required. _____ →

PER WEEK FEES:

FULL, 5-DAY WEEKS

- St. Stephen's students and Cathedral members: \$150.00 per week for first child and \$140.00 for additional child
- Non-St. Stephen's students: \$170.00 per week for first child and \$140.00 for additional child

PARTIAL, 3-DAY WEEKS

- St. Stephen's students and Cathedral members: \$105.00 per week per child
- Non-St. Stephen's students: \$120.00 per week per child

PLEASE SELECT A T-SHIRT SIZE FOR YOUR CHILD: ___ YS ___ YM ___ YL ___ YXL
___ AS ___ AM ___ AL ___ AXL

My child has permission to participate fully in the activities of St. Stephen's Episcopal School Summer Day Camp. My child may accompany camp groups on field trips and other excursions on foot and by other means of transportation.

I give my permission for St. Stephen's Episcopal School Summer Day Camp to use any photos/images of my child on websites or social or other media pages or in various newspapers, flyers, brochures, magazines or other print materials at the discretion of the school.

I give my permission for my child to receive emergency medical care by a licensed physician or facility if necessary.

In making application, we acknowledge that:

1. We will cooperate fully with the administrative, educational, and financial policies of the camp.
2. We agree that our child will be held subject to the rules and regulations as practiced by this camp.
3. The above information is true, to the best of my knowledge, as of the date below.

Signature of Parent or Guardian

Date

FOR OFFICE USE ONLY

TOTAL # OF WEEKS: _____ REG. FEE: _____ TOTAL CAMP DEPOSIT: _____

TOTAL PAMENT: _____ CHECK #: _____ OR CASH: _____

RECEIPT #: _____

NOTES:

Registrar's Signature: _____ Date: _____

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