

2025 Camp Registration Form Camp Hours 9:00 ~ 4:00
Extended Care 7:00-9:00 \$25.00 4:00-6:00 \$25.00 Both \$50.00 Weekly

CAMPER NAME _____ Grade Entering in Fall _____

WEEK 1: June 9 ~ June 13

- ___ Around the World 1 ~ 3 \$ 185.00
- ___ Let's Play! 3 ~ 5 \$185.00
- ___ Soccer 3 ~ 5 **1/2 day** \$85.00
- ___ Camp Discovery K ~ 5 \$170.00

Week 1 fee: _____

AM/PM CARE: _____

WEEK 2: June 16 ~ 20

- ___ Undersea Adventures K ~ 2 \$185.00
- ___ Summer Olympics 3 ~ 5 \$185.00
- ___ Show Time! 5 ~ 8 **Week 1** \$185.00
- ___ Camp Discovery K ~ 5 \$170.00

Week 2 fee: _____

AM/PM CARE: _____

WEEK 3: June 23 ~ 27

- ___ Crafty Creations K ~ 2 \$185.00
- ___ Art Camp 3 ~ 6 \$185.00
- ___ Show Time! 5 ~ 8 **Week 2** \$185.00
- ___ Camp Discovery K ~ 5 \$170.00

Week 3 fee: _____

AM/PM CARE: _____

NO CAMP JUNE 30 ~ JULY 4

WEEK 4: July 7 ~ July 11

- ___ Searching the Serengeti K ~ 2 \$185.00
- ___ The Curtain's Calling! 3 ~ 5 \$185.00
- ___ Sculpting Camp 6 ~ 8 \$185.00
- ___ Camp Discovery K ~ 5 \$170.00

Week 4 fee: _____

AM/PM CARE: _____

WEEK 5: July 14 ~ July 18

- ___ Mad Scientists K ~ 2 \$185.00
- ___ Mystery Inc. 3 ~ 5 \$185.00
- ___ Camp Discovery K ~ 5 \$170.00

Week 5 fee: _____

AM/PM CARE: _____

WEEK 6: July 21 ~ July 25

- ___ Adventures in Reading K ~ 2 \$185.00
- ___ Sculpting Camp 3 ~ 5 \$185.00
- ___ Teen Cuisine 6 ~ 8 \$185.00
- ___ Camp Discovery K ~ 5 \$170.00

Week 6 fee: _____

AM/PM CARE: _____

WEEK 7: July 28 ~ Aug. 1

- ___ Holiday Fun 1 ~ 3 \$185.00
- ___ Basketball 4 ~ 8 \$170.00
- ___ Camp Discovery K ~ 5 \$170.00

Week 7 fee: _____

AM/PM CARE: _____

Total Balance Due: _____

Paid: _____

New Balance due: _____

Camper's Name: _____

Age: _____ School: _____

Grade entering next fall: _____

Address: _____

City: _____

State: _____

Zip: _____

Mother cell: _____

email: _____

Father cell: _____

email: _____

Doctor: _____

phone: _____

Allergies: _____

Asthma/respiratory problems: _____

Other: _____

Special medication: _____

Emergency Information / Allowed to pick up my child: _____

1st Contact: _____

2nd Contact: _____

3rd Contact: _____

AGREEMENT

I hereby grant permission for my child to participate in the Saint Michael Summer Program. I understand that Saint Michael may deny enrollment to or dismiss at any time any student whom it considers not to be participating properly in the program. I also understand that any of the programs receiving an insufficient registration may be canceled.

By enrollment in these programs permission is granted to use any photographs in connection with publicity for the Saint Michael Summer Program.

By enrollment in your programs, permission is given for my child to engage in all program activities except as noted by me and the examining physician. I grant permission for application of first aid, as needed.

In the event of an emergency requiring medical treatment, I understand that the staff of St. Michael will try to reach me by using the telephone numbers listed on this form. In the event that I cannot be reached, I authorize treatment by appropriate medical personnel as approved by the St. Michael staff.

I understand and accept the need for St. Michael to be fully informed as to the physical and mental health of the enrollee. Failure to disclose such essential information at the time of enrollment or upon request of St. Michael can be cause for disenrollment. St. Michael pledges to respect the confidentiality of such information and to use it only for professional purposes.

THE RELEASE STATEMENT: In consideration of the acceptance of the student for enrollment in St. Michael Summer Program I hereby release and discharge St. Michael Lutheran Church and School, its agents, employees, and officers from all claims, demands, actions, judgments, and executions which the undersigned, as parents of the student, ever had or now has, or may have, or which the undersigned's heirs, executors, administrators, or assigns may have or claim to have against St. Michael Lutheran Church and School, its successors or assigns, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or arising out of, the student's enrollment in the St. Michael Summer Program.

Signature of Parent or Guardian _____

Date Please make checks payable to _____

Saint Michael Lutheran School. Mail or deliver your check and this registration form to: Saint Michael Summer Programs, 3595 Broadway, Fort Myers, FL 33901