



# BLESSED SACRAMENT SCHOOL SUMMER CAMP

## 2025 Enrollment Form

The deadline to enroll is Wednesday, May 1st or when all spots are full.

Please fill out one form per student enrolling. Camp Registration fees are due with this form.

Forms returned without a registration fee will not be accepted.

### Student Information:

Student Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI \_\_\_\_\_

☐ Male ☐ Female

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies/Health Concerns : \_\_\_\_\_

\*Please attach any additional information related to allergies/medications

### **Grade Entering** (for 2025-26):

☐ Preschool ☐ PreK ☐ Kindergarten ☐ 1st Grade  
☐ 2nd Grade ☐ 3rd Grade ☐ 4th Grade ☐ 5th Grade

Regardless of the number of weeks enrolling, a \$100 per student/\$200 per family registration fee is required at the time of registering

**Camp Hours are**

**7:45 a.m. - 5:00 p.m.**

### Week Options/Themes/Cost:

\*Please select all weeks that you would like to enroll

Drop-In Daily Option \$45/day \$35/day per sibling	Half Day \$100/week student (8-11:30 or 12:00-3:30, please indicate a.m. or p.m.)	Full Day \$225/week (+\$175 /week per sibling)	
			June 2-6 <b>Hello Summer! All Things Summer</b>
			June 10-14 <b>Outdoor Sports Week</b>
			June 17-21 <b>Math Wiz &amp; Smart Scientist Week</b>
			June 24-28 <b>Camping Week &amp; VBS True North*</b>
			July 1-5 <b>Out of this World - Space Explorers Week</b>
			July 8-12 <b>Pets, pets! Week</b>
			July 15-19 <b>Music &amp; Arts Week</b>
			July 22- 26 <b>Christmas in July!</b>
			July 29- August 2 <b>Good Bye! International Week</b>

\*Families interested in **just** VBS should sign up for the a.m. option that week

Date of application: ____/____/____	Amount:
Fee received on: ____/____/____	Check number:

*For Office Use Only*

## **Parent Contact Information**

If applicable, please indicate primary residence of the student with ★

<b>Father/Guardian</b>	<b>Mother/Guardian</b>
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Email Address: _____	Email Address: _____
Cell # _____	Cell # _____
Work # _____	Work # _____

## **Additional Emergency Contacts**

**Anyone listed below may be contacted if parents are unable to be reached**

Name: _____	Name: _____
Relationship to student: _____	Relationship to student: _____
Contact Number: _____	Contact Number: _____
Name: _____	Name: _____
Relationship to student: _____	Relationship to student: _____
Contact Number: _____	Contact Number: _____

I hereby give permissions for Blessed Sacrament Summer Camp staff to administer any/all medical attention necessary in the event of an accident, injury, illness, etc, under the supervision of the camp director, until such time as I or another person listed above may be contacted. I also assume responsibility for any fees that may be incurred for any such treatment, and I indemnify such persons and Blessed Sacrament School/Church from liabilities related to such treatment. If my child has any medical conditions or special needs, I will provide that information in writing to the camp.

I also give permission for the taking and use of photos and/or videos of my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are not a current BSS family, how did you hear about us?

\_\_\_\_\_