

# St. Cletus Summer Day Camp

3600 Claire Avenue  
Gretna, La 70053  
367-7951/494-6150(cell)

## 2011

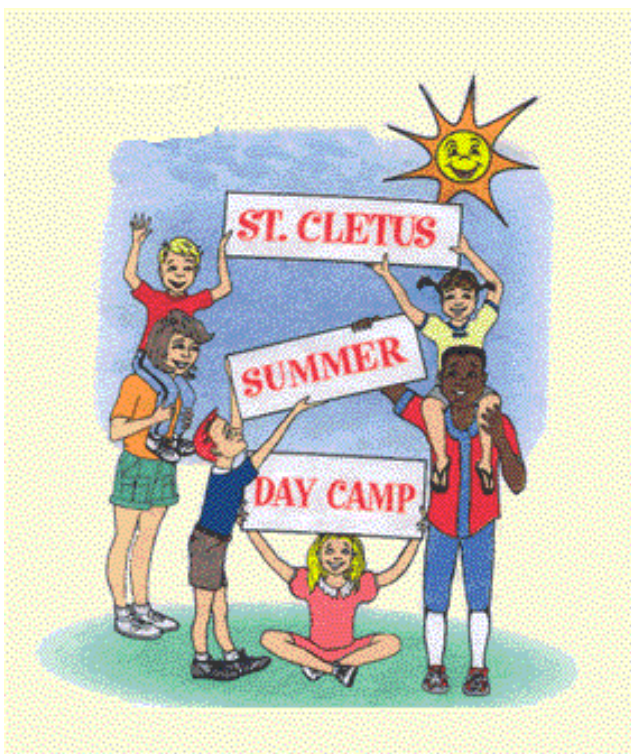
**SAINT CLETUS SUMMER DAY CAMP**  
3600 Claire Avenue  
Gretna, La 70053

**Camp Director - Mike Silva**

**For Campers Ages 5-13**

**Camp Dates: May 30 - July 8, 2011**  
**9 a.m. to 3 p.m., Monday through Friday**

**Before and After Camp Care available**



### Camper Tuition:

Number of Campers	1 Week	2 Weeks	3 Weeks	4 Weeks	5 Weeks	6 Weeks
1 Child	\$ 85.00	\$ 165.00	\$ 240.00	\$ 310.00	\$ 385.00	\$ 455.00
2 Children	\$ 165.00	\$ 305.00	\$ 450.00	\$ 595.00	\$ 750.00	\$ 885.00
3 Children	\$ 245.00	\$ 455.00	\$ 665.00	\$ 880.00	\$ 1090.00	\$ 1255.00
4 Children	\$ 305.00	\$ 575.00	\$ 870.00	\$ 1125.00	\$ 1350.00	\$ 1590.00

There is a one-time non-refundable registration fee of \$25.00 per family.

St. Cletus Day Camp will be held from Monday, May 30, 2011 through Friday, July 8, 2011 and is open to children to all faiths, ages 5 - 13.

**Camp will be closed on Monday July 4, 2011**

Camp Director - Coach Mike Silva, presently an assistant football coach at Hahnville High School

- **ADDITIONAL FEES OR CHARGES MAY BE MADE** for field trips or insurance. Most is covered by your tuition.
- A camper can sign up weekly or for 3 or 6 weeks. In order to receive the 3 or 6 week discounted rate, you must pay for a 3 or 6 week session **NO LATER** than Saturday, May 21, 2011.

**SCHEDULES-** A weekly schedule will be given to the campers on Friday, listing the activities that your child will be participating in the next week.

**PRE-REGISTRATION-** If you pre-register, your child listed on the registration form will be assured a place in the camp. If you have not pre-paid your child's (first week, third week, or sixth week) tuition, camp t-shirt, you must attend one of the registration sessions that will be held on three Saturdays in May (May 7th, 14th, and 21st, 2011) in Jerome Hall.

**T-SHIRTS-** Camp t-shirts will be sold for \$8.00 each. Before camp begins T-Shirts may only be picked up on registration days. **Camp t-shirts are required to be worn every day!**

**LUNCH-** Campers may bring their lunch or they may purchase lunch and snacks at camp. A list of items to be sold will be included in the camper handbook.

**BEFORE CAMP CHILD CARE-** Child care before camp will be from 7:00 a.m. until 9:00 a.m. and is complimentary. Campers entering before care prior to 8:30 A.M. must be signed in by parent/guardian.

**AFTER CAMP CHILD CARE-** After camp child care will be on an hourly basis from 3:00 p.m. until 6:00 p.m. One child will be \$4.00 an hour. Additional children add \$2.00 per child per hour. Child care must be paid weekly. (See the camper handbook for additional information.)

#### **Field Trips, Games, and Activities:**

Bowling	Roller Skating	Touch Football
Dancing	Educational tours	Waterslides
Swimming	Basketball	Games
Movies	Cabbage ball	Kickball
Space walk	Soccer	Arts and crafts
and MUCH, MUCH MORE!		

Registration can be completed and shirts picked up(only) on Saturday, May 7th, 14th and 21st, 2011 from 9 a.m. to 12 noon in Jerome Hall.

**Registration Form Page 3-4 below**

**ST. CLETUS SUMMER DAY CAMP – REGISTRATION FORM**

(A \$25.00 per family Non-Refundable registration fee must accompany each registration form.)

Parent's Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Beeper#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's (or guardian) place of employment: Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

**Camper's must have written permission from a parent or guardian to leave camp with an individual other than the custodian.**

My child/children are under the custodial care of: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother only \_\_\_\_\_ Father only \_\_\_\_\_ Other (Please specify) \_\_\_\_\_

In case of emergency, if parents cannot be reached, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Camper Information**

Bus Pick Up: \_\_\_ Yes \_\_\_ No Carpool: \_\_\_ Yes \_\_\_ No Before Care: \_\_\_ Yes \_\_\_ No

Bus Drop Off: \_\_\_ Yes \_\_\_ No Walk: \_\_\_ Yes \_\_\_ No After Care: \_\_\_ Yes \_\_\_ No

Family Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Have all of the children listed on this form had a tetanus shot in the last five years? \_\_\_\_\_

First Camper: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_

Last First

Indicate # of Weeks Attending: 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4<sup>th</sup> \_\_\_ 5<sup>th</sup> \_\_\_ 6<sup>th</sup> \_\_\_ All 6: \_\_\_

Prohibited Activities? \_\_\_\_\_ School Attending: \_\_\_\_\_

Please list any allergies, disabilities, physical or emotional limitations your child's counselor should know about:

Camper will be bringing medication to camp: \_\_\_ Yes \_\_\_ No Name of Medication: \_\_\_\_\_

Camper may take Acetaminophen (Tylenol): \_\_\_ Yes \_\_\_ No

Camper may take Pepto-Bismol: \_\_\_ Yes \_\_\_ No

Second Camper: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_

Last First

Indicate # of Weeks Attending: 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4<sup>th</sup> \_\_\_ 5<sup>th</sup> \_\_\_ 6<sup>th</sup> \_\_\_ All 6: \_\_\_

Prohibited Activities? \_\_\_\_\_ School Attending: \_\_\_\_\_

Please list any allergies, disabilities, physical or emotional limitations your child's counselor should know about:

Camper will be bringing medication to camp: \_\_\_ Yes \_\_\_ No Name of Medication: \_\_\_\_\_

Camper may take Acetaminophen (Tylenol): \_\_\_ Yes \_\_\_ No

Camper may take Pepto-Bismol: \_\_\_ Yes \_\_\_ No

Third Camper: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_\_\_

Last First

Indicate # of Weeks Attending: 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4<sup>th</sup> \_\_\_ 5<sup>th</sup> \_\_\_ 6<sup>th</sup> \_\_\_ All 6: \_\_\_

Prohibited Activities?: \_\_\_\_\_ School Attending: \_\_\_\_\_

Please list any allergies, disabilities, physical or emotional limitations your child's counselor should know about:

Camper will be bringing medication to camp: \_\_\_ Yes \_\_\_ No Name of Medication: \_\_\_\_\_

Camper may take Acetaminophen (Tylenol): \_\_\_ Yes \_\_\_ No

Camper may take Pepto-Bismol: \_\_\_ Yes \_\_\_ No

All medication sent from home must be labeled with your child's name and specific instructions as to the time, frequency, and amount of medication to be administered. All medication must be left in the camp office with the camp secretary or director.

My signature below reflects my permission for my child/children to attend St. Cletus Summer Day Camp and participate in all activities, including those listed or described in the camp flyer or handbook that I have received, read and understand. My permission is also given to St. Cletus Summer Day Camp to utilize any photo, video or audio of my child/children for publicity or advertising purposes. My child has had a physical examination within the past 24 months and is in good health.

In the event of illness or injury of my child/children while under the supervision of St. Cletus Summer Day Camp, I hereby authorize St. Cletus Day Camp to obtain and/or provide medical treatment and services as deemed necessary and appropriate under the circumstances. In connection with my authorization, I agree that my family health insurance will provide primary coverage for such medical treatment services and that the insurer of the St. Cletus Summer Day Camp provides secondary coverage.

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy #: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print Neatly): \_\_\_\_\_

**# Campers** \_\_\_\_\_

**# Weeks** \_\_\_\_\_

**Total** \_\_\_\_\_

\*\*\*\*\*For Camp Use Only\*\*\*\*\*

Non-refundable Registration Fee **\$25.00** (per family): Cash \_\_\_\_\_ Check (# \_\_\_\_\_)

Paid \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Ck # \_\_\_\_\_

**Tuition**

Wk. 1 Date Paid \_\_\_/\_\_\_/\_\_\_ Amount \$ \_\_\_\_\_

Wk. 2 Date Paid \_\_\_/\_\_\_/\_\_\_ Amount \$ \_\_\_\_\_

Wk. 3 Date Paid \_\_\_/\_\_\_/\_\_\_ Amount \$ \_\_\_\_\_

Wk. 4 Date Paid \_\_\_/\_\_\_/\_\_\_ Amount \$ \_\_\_\_\_

Wk. 5 Date Paid \_\_\_/\_\_\_/\_\_\_ Amount \$ \_\_\_\_\_

Wk. 6 Date Paid \_\_\_/\_\_\_/\_\_\_ Amount \$ \_\_\_\_\_

**Camp Merchandise**

Tee Shirts # Purchased \_\_\_\_\_ @ \$8.00 ea. Amount Paid \$ \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

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**Balance Due \$:** \_\_\_\_\_