

**SJRCS Camp Exploration 2011
Registration Form**

I. Background Information

Child's Name: _____ Age: _____

Address: _____
Street Address City, State Zip Code

Parent/Guardian Name: _____ Email Address _____

Phone Number: _____
Home Work Cell

Emergency Contacts (Please provide two):

1. Name: _____ Relationship: _____

Phone Number: _____

2. Name: _____ Relationship: _____

Phone Number: _____

Doctor's Name: _____ Phone Number: _____

Any known allergies and/or medical conditions: _____

II. Week and Session Selection:

Please check off which weeks your child will be attending (Each day runs from 9am – 3pm. Before and after care are available.)

*Descriptions for each session can be found on the camp flyer located on our website.

_____ Week One: July 5th-July 8th (Can You Dig It?)

_____ Week Two: July 11th-July 15th (Earth Trek)

_____ Week Three: July 18th-July 22nd (It's All Geek to Me)

_____ Week Four: July 25th-July 29th (There's No Place Like Home)

III. Fees and T-shirt:

T-Shirt Size: _____ Youth Small _____ Youth Medium _____ Youth Large
_____ Adult Small _____ Adult Medium _____ Adult Large _____ Adult XL

Registration Fee Enclosed (\$25) _____ Camp Fee Enclosed (\$285/week) _____

Before Care Fee (\$50/week) _____ After Care Fee (\$50/week) _____

Camp Fee for all four weeks (\$1000) _____

Checks made payable to: SJRCS

Please return completed form and fees to:

St. John Regional Catholic School, c/o Paul Fer, 8414 Opossumtown Pike, Frederick, MD 21702