



St. Patrick

CATHOLIC SCHOOL

God in all things.

Dear Parents & Guardians:

Registration for summer camp 2019 has begun! St. Patrick Catholic School is excited to offer a full time Catholic based specialty summer program with extended day options both before and after camp hours to meet your family’s needs. You can sign up for one week or be with us the whole summer! Our camps will be offered for those children age 4 (fourth birthday must be before the start of the camp week) through students entering 7th grade. Those entering 8th grade can inquire about being a junior camp leader and will be required to interview with the camp director for a position.

There will be a new thematic experience each week with the goal of learning and developing new skills while having a great time! Our camp will be run by the St. Patrick Catholic School faculty and staff in a small, safe, Christian environment that will challenge and guide your child throughout the summer.

To register for summer camp, you must return the following attached forms: camp session sheet, student information sheet, waiver form and parent contract. If you are not already registered at St. Patrick Catholic School, you may need to provide physical and immunization records as well. A non-refundable 2019 Summer Camp deposit fee of \$75 is also required to hold your child(ren)’s spot. This deposit will be credited to your camp payment. Camp tuition is due the Friday before the week your child is registered for camp, and is payable either by check or cash. Please drop off payment at the school office.

A separate form must be filled out for **each child** that will be attending camp. Camp space may be limited and spots will be filled as registrations come in. Please see below for fee structure for the St. Patrick Catholic School 2019 Summer Camp.

Summer Camp Registration Deposit Fee \$75

(non-refundable – credited towards weekly camp fee)

Summer Camp Tuition: For children age 4 through rising 7th graders.

Full Day – 8:00 AM – 3:00 PM \$125/week

Extended Day A.M. – 7:30 AM – 8:00 AM Free for paid campers

Extended Day P.M. – 3:00 PM – 5:30 PM \$10/day (\$50/week)



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2019 St. Patrick Catholic School Summer Camp Schedule for Registration

Check which camp your child will be attending.

<input type="checkbox"/> Week 1	June 3 rd – June 7 th
<input type="checkbox"/> Week 2	June 10 th – June 14 th
<input type="checkbox"/> Week 3	June 17 th – June 21 st
<input type="checkbox"/> Week 4	June 24 th – June 28 th
<input type="checkbox"/> Week 5	July 1 st – July 5 th
<input type="checkbox"/> Week 6	July 8 th – July 12 th
<input type="checkbox"/> Week 7	July 15 th – July 19 th
<input type="checkbox"/> Week 8	July 22 nd – July 26 th

Off Campus Trips Include:

- Baseball Games (Threshers, Rays, Blue Jays)
- Swimming/Aquatic Play Area @ Highland Rec.
- Movies @ Largo Mall
- Bowling
- Roller Skating
- Parks (Taylor Park/Eagle Lake Park)
- Heritage Village
- Botanical Gardens

Sample Daily Schedule for Camp

7:30 AM – 8:00 AM	Drop-Off/Free Play
8:00 AM – 8:30 AM	Morning Reflection
8:30 AM – 9:00 AM	Reflection Discussion/Work
9:00 AM – 9:45 AM	Snack/Outside Free Time
9:45 AM – 10:30 AM	Reading Time
10:30 AM – 11:00 AM	Activity (Core Value Activities)
11:00 AM – 11:30 AM	Lunch
11:30 AM – 2:00 PM	Off Campus Trip/Free Play
2:00 PM – 2:30 PM	Organized Outdoor Games
2:30 PM – 3:00 PM	Board Games
3:00 PM – 5:30 PM	Pick-Up/Free Play

**Not every day will follow the exact schedule due to trip times.

**Every Tuesday, campers will attend Mass in the church at 8:00 A.M. Campers must be dropped off by 7:45 or brought into church. Otherwise, campers can be dropped off after Mass at 8:45 A.M.

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ACADEMIES

1501 Trotter Road, Largo, FL 33770 | (727) 581-4865



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2019 St. Patrick Catholic School Summer Camp Parent Contract

I, _____, the undersigned parent/guardian of
_____ (child's name) understand the following:
(Please Initial)

- ___ I can make payments for camp monthly or weekly.
- ___ I will pay by the Friday before the week of my child(ren)'s summer camp session.
- ___ My child will be unable to attend if payment has not been made in advance.
- ___ If I am using the extended day program and do not pick up my child by 5:30 PM, I will be charged \$1.00 per minute for each minute past 5:30 PM. If this occurs more than once, my child may no longer be allowed to utilize extended day.
- ___ Lunch will **not** be provided and must be packed including a snack for my child each day.
- ___ If I need to cancel a camp that I have registered for, I need to cancel a week in advance; otherwise, the full charge will remain on my child's account.

Read and signed on this ____ day of _____ 2019.

Parent Signature



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2019 St. Patrick Catholic School Summer Camp Student Information Sheet

(Please return no later than May 31st)

Child's Name: _____ Date of Birth: _____

Grade completed: _____

Medical Needs/Allergies: _____

Parent/Guardian Name: _____ Phone Number: _____

Parent/Guardian Name: _____ Phone Number: _____

Mailing Address: _____

Email address: _____

People, other than parents/guardians, that have permission to pick up my child.

Emergency Contact Name: _____ Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY:

- ___ Camp Deposit Fee
- ___ Camp Session Sheet
- ___ Student Information Sheet
- ___ Waiver Form
- ___ Physical and Immunization Form
- ___ Parent Contract

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2019 St. Patrick Catholic School Summer Camp Waiver Form

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

I give permission for my child, _____, to participate in the 2019 St. Patrick Catholic School Summer Camp program.

General: I hereby request and give permission for my youth to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my youth. I, individually and on behalf of my youth named above, do hereby release, covenant not to sue, and save harmless: The Most Rev. Gregory Parkes, Bishop of the Diocese of St. Petersburg; the above school; and the employees, and volunteers for the event, from any and all claims for any and all harm arising to my youth as result of their participation in this event.

Medical: ___ I request the school representative obtain medical treatment for my youth in the unlikely event of injury or illness during this event and I agree to pay any expenses incurred for such treatment.

Please list any information about your child (allergy, medication, special needs, or health condition):

Emergency Contact: _____ Phone Number: _____

In case of an emergency, I give permission for my child to receive medical treatment.

Parent/Guardian Signature

Date

State of Florida
County of Pinellas

On the _____ day of _____, 20____, before me came _____, to me known to be the individual described in and who executed the foregoing instrument and acknowledged that he/she executed the same.

Notary Public



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2019 St. Patrick Catholic School Summer Camp Food Experience Permission Form

I give permission for my child _____ to participate in food related activities.

Please check one of the following:

____ My child **DOES NOT** have a food allergy or dietary restriction.

____ My child **DOES** have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below)

____ My child **DOES** have a food allergy or dietary restriction. He or she may **not** participate in activities.

Parent/Guardian Signature

Date