

SUMMER at BENILDE

Camper Registration Form



SUMMER at BENILDE

Camps • Arts • Sports • Tutoring and More

Family Name: _____	DOB	Grade Entering	Sex	Swim?
Camper #1: _____	___ / ___ / ___	_____	M / F	Y / N
Camper #2: _____	___ / ___ / ___	_____	M / F	Y / N
Camper #3: _____	___ / ___ / ___	_____	M / F	Y / N
Camper #4: _____	___ / ___ / ___	_____	M / F	Y / N

Father's Name: _____ Mother's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Father's Work #: _____ Father's Cell #: _____

Email: _____ Mother's Work #: _____ Mother's Cell #: _____

Parents Separated/Divorced: _____ Camper Lives With: _____

In case of emergency parents will be notified first, if unable to be reached, the following will be notified: **MUST LIST TWO**

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Doctor's Name: _____ Phone: _____ Hospital: _____

Is camper under treatment or on medication at present time? Yes: _____ * No: _____

* If YES, treatment/medication for: _____

* NOTE: A medication form must be secured by the office, in addition to doctor's written order to be administered at camp

Is the camper subject to: Fainting? _____ Nose Bleed? _____ Allergies? _____ Medications? _____

Does camper have ANY illness, disabilities or other medical concerns we should be aware of? Yes: _____ * No: _____

* If YES, illness/disability/treatment is: _____

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Please CHECK the weeks your camper/s will be attending Summer at Benilde: CIRCLE if attending Extended Care

Camper #1	Week -	<input type="checkbox"/> 6/4	<input type="checkbox"/> 6/11	<input type="checkbox"/> 6/18	<input type="checkbox"/> 6/25	<input type="checkbox"/> 7/9	<input type="checkbox"/> 7/16	<input type="checkbox"/> 7/23	<input type="checkbox"/> 7/30
	Extended Care	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Camper #2	Week -	<input type="checkbox"/> 6/4	<input type="checkbox"/> 6/11	<input type="checkbox"/> 6/18	<input type="checkbox"/> 6/25	<input type="checkbox"/> 7/9	<input type="checkbox"/> 7/16	<input type="checkbox"/> 7/23	<input type="checkbox"/> 7/30
	Extended Care	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Camper #3	Week -	<input type="checkbox"/> 6/4	<input type="checkbox"/> 6/11	<input type="checkbox"/> 6/18	<input type="checkbox"/> 6/25	<input type="checkbox"/> 7/9	<input type="checkbox"/> 7/16	<input type="checkbox"/> 7/23	<input type="checkbox"/> 7/30
	Extended Care	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
Camper #4	Week -	<input type="checkbox"/> 6/4	<input type="checkbox"/> 6/11	<input type="checkbox"/> 6/18	<input type="checkbox"/> 6/25	<input type="checkbox"/> 7/9	<input type="checkbox"/> 7/16	<input type="checkbox"/> 7/23	<input type="checkbox"/> 7/30
	Extended Care	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

School Now Attending: _____

After camp, camper will . . . Go To After Care: _____ Go To Pickup: _____ Walk Home: _____

Notes:

* There is NO Camp Benilde the week of July 4th.

Please initial to indicate your permission or understanding:
 Campers will occasionally watch movies over the summer. We have a variety of children's movies rated G and PG.

_____ Yes, I will allow my child to view these movies. _____ No, I do NOT want my child to view these movies

_____ I have disclosed any/all medical conditions (ie. seizures, allergies, asthma, etc. that may affect my child/children and treatment options (ie. epi-pen, inhaler, etc.).

Person Paying: _____ Relationship: _____

Address: _____ Email: _____

Phone: _____ Date: _____ Signature: _____

- The Registration Fee (\$60 per camper/\$100 per family) payable to St. Benilde School is due with this Form.
- All other fees and tuition are paid through FACTS Management.
- T-Shirt received Yes / No
- Registration Date _____ Amt _____ Check _____ Cash/CC _____ Receipt # _____ Received By _____

SUMMER *at* BENILDE

Tuition Prices & Fees - 2018



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Tuition Prices

Core

Extended

9am-3pm

7am-6pm

Weekly

Weekly

Camp Benilde (PK3 - 13 Years)

\$125

\$165

Fees

Amount

Registration Fee (One Child Family Registration)

\$60

Registration Fee (Multi-Child Family Registration)

\$100

Lunch Program Free

Extras

Amount

T-Shirts 12M / 2T / 3T / YXS / YS

\$10

T-Shirts YM / YL / AS / AM / AL

\$12

Water Bottle

\$3

Each child will receive a St. Benilde Camp shirt with registration.

* There is NO Camp Benilde the week of July 2 - 6, 2018