

Summer Day Camp 2023

Registration Information

Under the guidance of the Extended Care Director, Mrs. Shannon Mendiola, our camp staff will plan and arrange exciting, creative, and educational activities while ensuring health and safety guidelines are followed. Not only will the campers enjoy art, science, exercise, gardening, water play, and cooking, but they will also have the opportunity to venture out to explore beautiful Wardlow Park every week. We encourage group participation, teamwork, leadership, kindness, respect, and FUN! This is a scheduled **weekly** program.

Hours: 8:00 a.m. - 5:00 p.m. Monday - Friday (Week 3 - No camp July 4th)

Weekly Fee: \$175 per student per week (see payment chart below)

Cancelations and/or changes:

- Registration fee is non-refundable due to planning and prep
- Be sure to alert camp staff ASAP if you need to make a change to your child's attendance

Communication:

- Director: Shannon Mendiola
- Phone: (562) 429-0274
- Email: extendedcare@stcornelius.net
- Communication is key to ensure that the children get the most out of this program. Please understand that space is not guaranteed if you sign up at the last minute!

Appropriate Attire:

- **Daily**: sunscreen, athletic shoes, socks, hats, shorts, short-sleeved shirts (no sandals, no tank-tops, no dresses, however skirts with shorts, and/or skorts are acceptable)
- Water Activity (water fun days, etc.): wear athletic shoes, socks, and swimsuit with clothes over; please pack a change of clothes, safe water shoes, and towel
- Always pack extra clothes in case of an unexpected emergency!

Food & Snacks:

- Two filling snacks daily
- One nutritious lunch daily (Please do not pack lunches that require heating)
- Water Bottle (clearly labeled)

Registration:

 _ \$65 registration fee per child due by Wednesday, May 31st
 Weeks 1 & 2 due by Friday, June 9
 Weeks 3* & 4 due by Friday, June 24 (*No camp July 4th)
 _ Weeks 5 & 6 due by Friday, July 7
Week 7 & 8 due by Friday, July 21

Keep this form for your records

Adult Contact Names					Best Cor	ntact Phone Number
Parent/Guardian Nai	me					
Parent/Guardian Nai	me					
Emergency Contact	Nama (athan	dan manad)				
Relationship to child:	ivanie (oniei i	man parent)				
Emergency Contact	Name (other t	than parent)				
Relationship to child:						
		C . 1.				
Child's Name		Grade 2023-2024	Shirt Size	Allergies/N	Medical Condition	Medications
Please place an "?	X" next to 6	each week t	hat vou are	e registering	vour child(ren)	
Please place an "X		each week t	•	e registering		<u> </u>
Please place an "X	X" next to 6	each week t	hat you are	e registering	Fee due by	
Please place an "X			•	e registering	Fee due by Friday, June 9	
Please place an "X	Week #		Dates June 19-23 June 26-30	e registering	Fee due by Friday, June 9 Friday, June 9	
Please place an "Z	Week #		Dates June 19-23	e registering	Fee due by Friday, June 9	
Please place an "X	Week # Week 1 Week 2	, ,	Dates June 19-23 June 26-30 *July 3-7	e registering	Fee due by Friday, June 9 Friday, June 9	
Please place an "X	Week # Week 1 Week 2 Week 3	N	Dates June 19-23 June 26-30 *July 3-7 lo camp July 4	e registering	Fee due by Friday, June 9 Friday, June 9 Friday, June 24	
Please place an "Z	Week # Week 1 Week 2 Week 3 Week 4	N.	Dates June 19-23 June 26-30 *July 3-7 No camp July 4 July 10-14	e registering	Fee due by Friday, June 9 Friday, June 9 Friday, June 24 Friday, June 24	
Please place an "X	Week # Week 1 Week 2 Week 3 Week 4 Week 5	N.	Dates June 19-23 June 26-30 *July 3-7 to camp July 4 July 10-14 July 17-21		Fee due by Friday, June 9 Friday, June 9 Friday, June 24 Friday, June 24 Friday, June 24	
Please place an ""	Week # Week 1 Week 2 Week 3 Week 4 Week 5 Week 6	July	Dates June 19-23 June 26-30 *July 3-7 lo camp July 4 July 10-14 July 17-21 July 24-28		Fee due by Friday, June 9 Friday, June 9 Friday, June 24 Friday, June 24 Friday, July 7 Friday, July 7	

Return this page with deposit

<u>Child(ren)'s</u> Last Name _____ <u>Preferred</u> Email _____



Summer Day Camp 2023STUDENT AND YOUTH ACTIVITY PERMISSION FORM

Child(ren)'s Name(s)								
Activities/Locations: St. Cornelius School, Wardlow Park								
<u>Dates</u> : 6/19/22 – 8/11/2022								
Mode of Transportation: • Walk: Wardlow Park								
Lunch Needed: Yes (please do not pack anything that requires heating)								
 Daily Attire: Athletic shoes must be worn at all times in Summer Camp: NO FLIP FLOPS OR SANDALS For water play: wear swim attire with regular clothes on top, socks, and athletic shoes; pack safe water shoes, underwear, and towel 								
I request that my child be permitted to participate in the above activities. My child has no medical condition that would render it inappropriate for him/her to participate in this activity. I have returned the Health and Medical Release Form to the school/parish. I agree to direct my child to cooperate and conform to directions and instructions of the parish, school or Archdiocesan personnel responsible for this activity.								
As a condition of participating in this activity, I hereby release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the school and parish, their respective employees and any parent/volunteer chaperone, from any and all claims for personal injuries, wrongful death or property damage that my son/daughter may suffer as a result of participation in the activity described above, whether or not such injuries or damage are caused by the negligence (active or passive) of the Archdiocese, the parish, the school or their employees or chaperones.								
personnel or chaperones permission to use selected by the school personnel or cl	ave medical treatment while participating e their judgment in obtaining medical servi haperone to render medical treatment de nd other participating adults from any liabil	ce, and I give permission to the physician emed necessary and appropriate by the						
entirely responsible for the cost of all n	through the school or parish, if any, mandical treatment provided to my child. I atment and related expense and cost incurrent	agree to indemnify and hold the school						
Parent/Guardian Printed Name	Parent/Guardian <u>Signature</u>	Date						
See reverse side for emergency contac	ct information for my child(ren).							

Return this page with deposit