

Summer Camp 2022

at St. John de la Salle Catholic Academy

June 27- July 29

Program Hours 8 a.m. to 3 p.m.

After Care: 3:00-5:00 p.m.

Easy hours- Full Day Student Program: 8 a.m. to 3 p.m.
Optional After Care (3-5 p.m.)
5 Weeks Long

Educational, Organized, and Safe-

- Small group sizes with classroom teachers
- Weekly schedules with theme weeks

Fun Fridays

- All students wear their camp shirts on Fridays for Field Trips other fun activities

Students from outside St. John are encouraged to apply and register for Summer Camp!

SUMMER TUITION

For students ENTERING Pre-K through 8th grade in August 2022

\$50 registration fee per student will be due at the time of registration.

All Camp Registrations are due by **June 10th, 2022**

8 a.m. to 12 p.m. Academics and Lunch

12 p.m. to 4 p.m. Camp Program (Sports, Arts & Crafts, African Drumming, Music, etc)

No. of Students	Total Cost	First Payment June 27	2nd Payment July 11
1	\$300	\$150	\$150
2	\$500	\$250	\$250
3	\$600	\$300	\$300
4	\$650	\$325	\$325

If you would like more info, please contact Janice Wills at jwills@johndls.org or (773) 785-2331

SAMPLE SCHEDULE

Sample Daily Schedule Monday-Friday

Time	Activity
8-8:15 a.m.	Check-in, Morning Meeting
8:15-9:30 a.m.	Reading
9:30-9:45 a.m.	Bathroom Break
9:45-11:00 a.m.	Math
11-11:30 a.m.	Writing
11:30 a.m.-12:30 p.m.	Clean Up, Lunch
12:30-1:00 p.m.	Recess
1-1:45 p.m.	<u>Students will Rotate through the following activities:</u> STEM African Dance Arts & Crafts Drumline Sports Music/Drama
1:45-2:30 p.m.	
2:30-3:00p.m.	
3-5 p.m.	Optional After Care: Snack, Group Games & Activities

Fun Fridays!

Field Trips, Surprises,
Competitions...and more!

CAMPER INFO SHEET

(please fill out 1 form per child)

Student Name: _____ Tee Shirt Size: _____ Entering Grade: _____

Address: _____

Parent/Guardian Information

Parent 1 Name: _____ Cell Phone: _____

Parent 1 Email: _____ Work Phone: _____

Parent 2 Name: _____ Cell Phone: _____

Parent 2 Email: _____ Work Phone: _____

Emergency Contacts (In the event you cannot be reached)

Contact 1 Name: _____ Relationship to student: _____

Cell Phone: _____ Alternate Phone: _____

Contact 2 Name: _____ Relationship to student: _____

Cell Phone: _____ Alternate Phone: _____

Medical Information

Does your child have any allergies or medical issues that we need to be aware of? YES NO

If yes, please explain in detail: _____

Child's Doctor: _____ Phone Number: _____

I/we, the parent(s)/guardian(s) of _____ request that the school permit my/our son/daughter to participate in this Summer Program and field trips. I/We understand that these are educational trips and a valid extension of the classroom experience. In consideration of the making of arrangements by the school, I/we release and save harmless the school and any and all school personnel from any and all liability for any injuries, loss, or other claims arising or resulting from the trip.

Print first and last name of Parent/Guardian: _____

Parent/Guardian Signature _____

Date _____

St. John de la Salle Catholic Academy staff have my permission to obtain emergency medical treatment for my child, _____ when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

Print first and last name of Parent/Guardian: _____

Parent/Guardian Signature _____

Date _____

Office Use Only:

Registration Fee Paid: _____ Form: _____ 1st Payment or Co-Pay: _____ 2nd Payment or Co-Pay: _____