

Fun in the Sun!

-Saint Norbert Community Summer Camp-
(Registration Form on back)



Hours & Cost

9 am — 12 pm: \$150

9 am — 3pm: \$225

**For full day attendees, lunch is 12pm - 1pm.*

Fun-lunch Fridays!
Pizza, Chick-Fil-A, and other fun treats for a small additional fee!

Arts & crafts, board games, Bingo, movies and more!

Check out what the buzz is all about!

Come join our very own Rob Weinrich, Cara Nunn, and Lori Myers as they fill the summer with fun!

The Camp is open to all children from Pre-K (4 years old) - 8th grade. A snack and drink will be provided daily along with recess in the morning and afternoon. From scavenger hunts and tie-dye shirts to water games and making milkshakes, you never know what will come next - adventure awaits!

1

SESSION DATES:
JULY 8 - JULY 12

2

SESSION DATES:
JULY 15 - JULY 19

3

SESSION DATES:
JULY 22 - JULY 26

4

SESSION DATES:
JULY 28 - AUGUST 2

Registration is open now and accepted
until **TWO WEEKS** prior to the start of
each camp week.

Confirmation email will be sent.

*Please submit a registration form and medical
form for each child. Additional copies can be
found at:*

school.stnorbert.org

Please make checks payable to St. Norbert
Summer Camp. Check and registration should
be mailed to:

St. Norbert School
6 Greenlawn Rd.
Paoli, PA 19301



Half Day: \$150

Full Day: \$225

Registration

Child's name _____

School _____ Grade as of 9/1/19 _____

Parent's name _____

Parent's email address _____

Phone # _____

Please check which sessions your child will be attending:

July 8 - 12

July 15 - 19

July 22 - 26

July 29 - August 2

___ AM

___ AM

___ AM

___ AM

___ Full

___ Full

___ Full

___ Full

TOTAL DUE: _____

Contact lmeyers@stnorbert.org or canunn@stnorbert.org

or (610) 644-1670 for more information.

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St. Norbert Community Summer Camp Medical/Permission Form

Child's name _____ Nickname _____

Age as of 6/01/19 _____ Gender M F

School _____ Grade as of 9/1/19 _____

Address _____ City _____

State/zip _____

Home phone _____ Email (required) _____

Parent/guardian Name _____ Work # _____

Cell # _____

Parent/guardian Name _____ Work # _____

Cell # _____

Preferred method of contact: __ work phone __ home phone __ cell phone __ email

Adults authorized to pick up child (other than parent/guardian)

Name _____ relationship to child _____

phone # _____

Name _____ relationship to child _____

phone # _____

Name _____ relationship to child _____

phone # _____

Is there anyone your child may NOT be picked up by? _____

Emergency Contacts

Name _____ relationship to child _____

phone # _____

Camper's Medical Information

Physician's name _____

Phone _____

Name of health Insurance Coverage for Child _____

Policy Number _____

Camper's Special Conditions

___ learning disabilities/special needs _____

___ allergies (including food and medical reactions) _____

___ asthma ___ inhaler used ___ diabetes ___ fainting ___ heart problems ___ hearing

___ sinus problems ___ skin problems ___ bone/ joint problems ___ other

medications taken at home: _____

Please complete other side >>>>>>>>>>

Parent Permissions-Please initial the following

_____ I give permission for St. Norbert CSC to administer medications to my child supplied by parent (if applicable). Must be in original container with written instructions.

Type & dosage _____

_____ I give permission for the St. Norbert CSC to administer minor first aid treatment to my child.

_____ I give permission to St. Norbert CSC to seek medical treatment for my child in the event of an emergency.

_____ I understand that a charge for late pick -ups after sessions will be charged.

_____ All camp payments must be paid in full prior to the start of camp.

_____ I understand that changes to my child's registration must be submitted in writing 7 days before the start of each of my child's camp week.

I hereby release and discharge St. Norbert, its employees, staff members and administration from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation at St. Norbert. I authorize St. Norbert, its employees, staff and administration to take whatever action necessary, in their best judgment, in an emergency and I hereby release and discharge St. Norbert from any responsibility or liability related thereof. We (I) consent to and give permission for emergency medical care for our (my) child that may be needed as a result of (my) our child's participation. I allow St. Norbert CSC permission to use photographs taken for promotional usage only and expect no payment in return.

Parent/guardian signature: _____

Date: _____

Registration will not be accepted without a properly signed waiver.

For information contact 610-644-1670 or Cara Nunn @ canunn@stnorbert.org or Lori Myers @ lmyers@stnorbert.org