

SNS Summer Camp

-Saint Norbert Camp 2022-
(Registration Form on back)



Hours & Cost

9 am — 12 pm: \$175

Lunch bunch (12pm - 1pm): \$10

9 am — 3pm: \$250

Fun-lunch Fridays!
Pizza, chips, & fun
drinks for a small
additional fee.

*COVID-19 safety
procedures will be in
place following the
guidelines from the
CDC & the Chester
County Health
Department.

Who:

Children from Pre-K (4 years old)
to 5th grade.

What:

Fun activities, games, water days,
crafts, scavenger hunts & more!

When: 5 Sessions

Halfday: 9am - 12pm

Full day: 9am - 3pm

Family Discount!

Full-day Program:

1st Child - \$250 2nd Child - \$225
3+ Child/ren - \$200

Half-day Program:

1st Child - \$175 2nd Child - \$150
3+ Child/ren - \$125

1

JUNE 27

-

JULY 1

2

JULY 5

-

JULY 8

3

JULY 11

-

JULY 15

4

JULY 25

-

JULY 29

5

AUGUST 1

-

AUGUST 5

SUMMER 2022

Contact: Ms. Lori Myers lmyers@stnorbert.org
Miss Cara Nunn canunn@stnorbert.org

*Please note: Your child's spot will be confirmed once paperwork AND payment are received. *Registration is on a first come first served basis.*



Checks can be made payable to St. Norbert Summer Camp. Registration should be mailed to:

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

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

Child's name: _____ Age: _____

School: _____ Grade as of 8/31/22: _____

Parent name: _____

Parent email address: _____

Phone #: _____

***Please check which session(s) your child will be attending:**

<u>Week 1</u>	<u>Week 2</u> (*4 days)	<u>Week 3</u>	<u>Week 4</u>	<u>Week 5</u>
6/27 - 7/1	7/5 - 7/8	7/11 - 7/15	7/25 - 7/29	8/1 - 8/5
Half day _____	Half day (\$140) _____	Half day _____	Half day _____	Half day _____
Full day _____	Full day (\$200) _____	Full day _____	Full day _____	Full day _____

TOTAL DUE: _____

SNS Summer Camp required forms

Child's name _____ **Nickname** _____
Age as of 6/01/22 _____ **Gender** M F
School _____ **Grade as of 9/1/2022** _____
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 Counselors to administer medications to my child supplied by

parent (if applicable). Must be in original container with written instructions.

Type & dosage _____

_____ I give permission to a SNS Counselor to administer minor first aid treatment to my child.

_____ I give permission to a SNS Counselor to seek medical treatment for my child in the event of an emergency.

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

I hereby release and discharge SNS, 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 in SNS camp at St. Norbert. I authorize SNS, 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 SNS 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 more information, please contact Lori Myers- lmyers@stnorbert.org Or Cara Nunn-
canunn@stnorbert.org