

# SNS Summer Camp

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



## 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:

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

#### Half-day Program:

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

### 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.

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](mailto:lmyers@stnorbert.org)  
Miss Cara Nunn [canunn@stnorbert.org](mailto: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](http://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 thereto. 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](mailto:lmyers@stnorbert.org) Or Cara Nunn-  
[canunn@stnorbert.org](mailto:canunn@stnorbert.org)