

ASCS Summer Camp Registration Form

Registration Deadline is May 27th

****Please use a separate registration form for each child, additional forms are available in the school office****

Student Name _____ M ___ F ___
Age _____ Date of Birth _____ Grade entering in Fall _____ Current School _____

Summer Camp/s: Please check the box of the requested camp/s.

- June 13-16** **Fun with Food!**
Aprons on! Each day, students will create a new 'no bake' delicacy, and complete a fun mini lesson with food, too!
Students entering grades 6-8 Camp Director: Mary Aicher
- June 13-16** **Art Camp**
Students will learn about artists ranging from Andy Warhol to Dale Chihuly and enjoy getting creative working on large scale projects including a Pop Art pillow, tie-dying a t-shirt, and experimenting with recycled products to create a three-dimensional group art sculpture.
Students entering grades 6-8 Camp Director: Chelsea Rossi
- June 27-30** **Math/CODING Camp "I LOVE MATH!" "Coding is fun!"**
Students will conquer math in a fun environment, be exposed to the richness of mathematics as well as the fun and creativity involved in exploring the world through math! We will also explore the world of computer coding! We will learn the "ins and outs" of coding and explore the world of computer science via code.org.
Students entering Grades 1-8 Camp Director: Katie Miceli

PLEASE NOTE . . .

Each camp is \$50. There will be a \$10 discount off your total bill if enrolling more than one child.

CAMP HOURS – 9:00-11:00 AM ... *Please indicate on your form if you need Cardinal Care.*

There is a minimum of 8 and a maximum of 15 for each camp (unless otherwise stated). Money will be refunded in full if your camp is cancelled. If you cancel, a \$10 cancellation fee will be deducted from your refund. The summer camp teacher reserves the right to exclude a student for disruptive or unsafe behaviors during the camp without a refund of fees.

Checks payable to ASCS

CONFIRMATION . . . an email will be sent to you to confirm registration of class(es).

Parent Information:

Parent/Guardian _____
Home phone# _____
Work/cell# _____
Email _____

Parent/Guardian _____
Home phone# _____
Work/cell# _____
Email _____

Emergency contact _____ Phone# _____
Name of physician _____ Phone # _____

I will need Cardinal Care for my child Yes No

Does your child have any allergies or health conditions?

No ___ Yes, they are _____

Parent/Guardian Signature _____ Date _____

Office use only: Cash _____ Check # _____ Total Paid _____ Email Sent _____