



## Saint James School Summer Camp 2024 Application Form

Child(ren)'s Name(s)

Grades as of September  
2024

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Address:

\_\_\_\_\_ Street \_\_\_\_\_ Town \_\_\_\_\_ Zip Code

\_\_\_\_\_  
Parent's/Guardian's Name

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Alternate Phone

September 2024 Incoming Pre-K4 through 4th Grade  
June 17, 2024 – July 26, 2024, 9:00am – 3:00pm

\_\_\_ \$275.00 per week for 1 child    \_\_\_ \$522.50 per week for 2 children    \_\_\_ \$770.00 per week for 3 children

**Please indicate your choice of week(s), choose as many as you would like:**

\_\_\_ Week 1: June 17 – June 21: **Saint James Summer Games!**

\_\_\_ Week 2: June 24 – June 28: **Let's Build!**

\_\_\_ Week 3: July 1 – July 5: **Animals! (No program July 4th in observance of the Holiday)\*\***

\_\_\_ Week 4: July 8 – July 12: **Imagination Station!**

\_\_\_ Week 5: July 15– July 19: **A "Smorgasbord" of Fun!**

\_\_\_ Week 6: July 22 – July 26: **Happy Campers!**

\*\* Special rate applies – see flyer for amounts.

**Please indicate if you will be using the Before and/or After Camp Care Program:**

**Before Camp Care 7:00am - 9:00am**

\_\_\_ \$11.50 per hour for 1 child    \_\_\_ \$21.85 per hour for 2 children    \_\_\_ \$32.20 per hour for 3 children

**After Camp Care 3:00pm – 5:30pm**

\_\_\_ \$11.50 per hour for 1 child    \_\_\_ \$21.85 per hour for 2 children    \_\_\_ \$32.20 per hour for 3 children

**Full Time Extended Camp Care (Must Sign Up for All 6 Weeks of Camp to Qualify)**

\_\_\_ \$1,150 for 1 child    \_\_\_ \$2,185 for 2 children    \_\_\_ \$3,220 for 3 children

*Saint James School • 73 Park Street • Manchester, CT 06040 • 860-643-5088*

*For Office use only:    \_\_\_ Administration    \_\_\_ Date    \_\_\_ Time    \_\_\_ Deposit    \_\_\_ FACTS*

**Saint James School Summer Camp 2024 Application Form**

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**Please Complete Both Pages/Sides of Form**

**Person Responsible for Payment\***

\*This is the person who holds the FACTS account. If a different person will be responsible please contact Mrs. Mayo at [dmayo@saintjamesschool.net](mailto:dmayo@saintjamesschool.net).

Print Name: \_\_\_\_\_ Relationship to student(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Person Responsible for Payment\*

Each week is limited and will be filled on a first come, first served basis.

In order to secure the week(s) you wish for your child(ren)

PLEASE COMPLETE AND RETURN THIS FORM  
TO THE MAIN OFFICE AS SOON AS POSSIBLE.

**Once your application has been approved you will be notified and your FACTS account will be charged for the first week you have selected.**

**Once your application has been accepted we are unable to provide refunds if you choose to cancel.**