ASCS Summer Camp Registration Form

Registration Deadline is May 24th

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

| Student Name | | | | M F |
|--|--|---------------------------|--|--------------|
| AgeDate of | f BirthGrad | e entering in Fall | Current School | |
| Summer Camp/s: | Please check the box of the | e requested camp. | | |
| ☐ June 17-20 | Theater Camp Mrs. Hassett's Theater Camp is Back *Learn how to apply theatri *Script Writing Ages: students entering 3rd-8th gra | cal Makeup *Impr *Cha | ov techniques racter Movement max 20) Camp Director: I | Mrs. Hassett |
| ☐ June 17-20 | Math Camp! Join Mrs. Miceli at MATH Camp and have a blast! Ages: students entering 3rd-8th gr | | | |
| ☐ June 17-20 | Dr. Seuss and Friends Do you like to read a book? Would you like to be a cook? Then this is the damp for you! Each day we will read a different Dr. Seuss book in camp. Then we will make a food item from the story and enjoy it during camp! We will work on rhyming, opposites, and other vocabulary things as well! Ages: students entering K4-2nd grade (minimum 6 students, max 10) Camp Director: Mrs. Kunka | | | |
| ☐ June 17-20 | Art Camp Does your child have a passion for art? Constantly wanting to paint or get creative with play-doh? The Summer Art Camp aim to help students develop their artistic skills and gain a deeper understanding of the fundamentals of art. This camp will offer a range of projects and materials to explore. Each day, young artists will engage in a new and exciting activity or project. Ages: students entering 1st-5th grade (minimum 6 students, max 10) Camp Director: Mrs. Rossi | | | |
| There is a minimum of 6 a \$10 cancellation fee wi | 00 AM Please indicate below if your and a maximum listed above for eall be deducted from your refund. The camp without a refund of fees. | ch camp. Money will be re | | |
| Parent Information: | | | | |
| Parent/Guardian | | | uardian | |
| Home pnone# Work/cell# | | | one# | |
| Email | | | # <u> </u> | |
| | | <u> </u> | | |
| | | Ph | one# one # | |
| | for my child before and/or after | | □ No | |
| - | y allergies or health conditions? | | | |
| Parent/Guardian Signatu | ıre | | Date | |
| Office use only: Cash_ | Check # | Total Paid | Email Sent | |