

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____ Age _____ Date of Birth _____

Grade entering in Fall _____ (must be enrolled in ASCS for the 2025-26 school year)

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

☐ June 16-19

Math Camp!

Join Mrs. Miceli at MATH Camp and learn how fun Math can be!! We will play Math games, work on Summer Packets and have a blast!

Ages: students entering 3rd-8th grade (minimum 6 students, max 15) Camp Director: Mrs. Miceli

☐ June 16-19

A Book A Day!

Join Mrs. Kunka to enjoy a different picture book each day, along with an activity and an art project based on the day's book. We will have so much fun with some of our favorite characters!

Ages: students entering K5-2nd grade (minimum 6 students, max 10) Camp Director: Mrs. Kunka

☐ June 16-19

Fun with Food-Cooking Camp

Join Mrs. Smither for some hands-on food fun! We will learn where some ingredients come from and make kid friendly, low/no bake recipes. **Please list any food allergies when registering**

Ages: students entering K5-2nd grade (minimum 6 students, max 10) Camp Director: Mrs. Smither

PLEASE NOTE . . .

Each camp is \$60.

CAMP HOURS – 9:00-11:00 AM ... Please indicate below if you need Cardinal Care.

There is a minimum of 6 and a maximum listed above for each camp. 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.

Cash or Checks payable to ASCS

CONFIRMATION . . . will be sent by email.

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 before and/or after camp hours. ☐ 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 _____