

St. Mary's School Summer Camp 2009

For Enrichment & Exploration!

Theater Camp - "The Wizard of Oz"

This year's production is the children's classic "The Wizard of Oz." St. Mary's music instructor Ali Miller will work her magic, weaving story lines, songs and dance moves together to create an experience students will remember long after the summer fades.

The camp will feature dramatic, singing, dancing roles for only 25 students. It will run Monday through Friday, 8:30 am to 12:30 pm, from July 6 to July 31. The instructional fee is \$425 per student, plus a \$15 application fee. Camp is open to all students entering grades 2 through 8 this fall. Registration is open now!

Because the camp size will be limited to 25 students, we are asking that registering students make a minimum commitment of a \$100 non-refundable deposit, along with the application fee. The remainder of the registration fees will be due June 1.

Theater Camp at a Glance:

Offered: July 6-31 (Must enroll for all 4 weeks.)

Camp size limit: 25 students

Grade limit: entering grades 2-8

Instructor: Mrs. Ali Miller

Assistant: Mrs. Cathleen Kucz

Cost: \$425 for the 4 week camp



Let's play!

Sponsored in part by the Dominican Sisters Music Program.

Call the St. Mary's Foundation office (707-621-4464) or the school (707-462-3888) for more information.

2009 Summer Camp Registration Form

Student Information:

STUDENT NAME _____ GRADE _____

PARENT OR GUARDIAN NAME _____

PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

Payment Information:

I would like to pay by:

___ CASH ___ CHECK ___ CREDIT CARD

AMOUNT PAID _____ DATE _____

Please charge my: ___ VISA ___ MC

CARD # _____

CID # _____ EXP. DATE _____

SIGNATURE _____

CHECKS: Make checks payable to St. Mary's School Foundation.

MAIL: Mail this form and your registration fees to: St. Mary's School Foundation, 493 S. Highland Ave, Ukiah, CA 95482

FAX: Fax this form and the completed credit card information to 707/463-6699

Session Information:

Theater Camp - "The Wizard of Oz"

Session 1- 4 July 6 - July 31 \$425 (4 weeks) _____

Monday-Friday 8:00 am - 12:30 pm

For students entering grades 2-8 this fall

Because the camp size will be limited to 25 students, we are asking that registering students make a minimum commitment of a \$100 non-refundable deposit, along with the application fee.

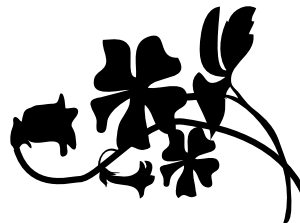
Total Session Fees _____

One-Time Application Fee: \$15 _____

TOTAL FEES _____

Please Read These Camp Policies:

- 1. Application Fee:** There is a one-time \$15.00 non-refundable application fee per child.
- 2. Registration Fees:** Full registration is due June 1 for Theater Camp.
- 3. Cancellation Policy:** If a session is cancelled, you will be notified two weeks prior to the session date. If this camp is cancelled by the instructor, there will be a full refund of fees.
- 4. First Day of Camp:** Please come 15 minutes early so that we can complete your registration.
- 5. Daycare:** No daycare is provided. Students must be picked up promptly at the end of their camp (12:30 pm).
- 6. Emergency Authorization Form:** You are required to complete an emergency authorization form and to provide emergency contact information for each student attending camp.



Call the St. Mary's Foundation office (707-621-4464) or the school (707-462-3888) for more information.

2009 Summer Camp Registration Form

Emergency Authorization Form

Pursuant to the provisions of Section 25.8 of the California Civil Code, I hereby authorize Mary Leitem-Thomas, Principal and/or a staff member of St. Mary of the Angels School in Ukiah California as agent(s) for myself to procure medical, hospital, or dental care for

my child (name) _____ (grade) _____ in the event of injury or illness while he/she is in the care of the above named adults. I understand and agree that I am financially responsible for any care so procured. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority on the part of my agent(s) to consent to such medical care, should it become necessary in an emergency.

Parent or Guardian Signature _____

Witness _____ Date _____

This authorization shall remain effective for all St. Mary's Summer Camp sessions the above child is enrolled in, during the time period of July 6, 2009 through July 31, 2009.

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Name and number of medical insurance policy _____

Insured's Name _____

Allergies _____ Date of Last Tetanus _____

Emergency Contact Information

In the event of an emergency, the parent of guardian will be notified first.

First Parent/Guardian Contact _____ Phone _____ Cell _____

Alt. Parent/Guardian Contact _____ Phone _____ Cell _____

In the event of an emergency, when I cannot be reached, I wish following person to be notified by telephone. They are authorized to act in my absence, and will be informed that their name has been used on this form.

Name & Relationship _____ Phone _____

Call the St. Mary's Foundation office (707-621-4464) or the school (707-462-3888) for more information.