



St. Matthew the Apostle Pre-Summer Camp Care

Pre-Summer Camp Care will be offered here at SMA for those parents in need of child care between the end of school and the beginning of Summer Camp. We also will offer afternoon care for those children attending Vacation Bible School.

All Pre-Camp Care activities will be here on the St. Matthew School campus, with school personnel caring for your children.



Children will need to bring a bag lunch, snack, and a drink daily.
Pre-K and Kindergarten children need a mat for rest time.

Although we will accept "drop-ins", we ask that you pre-register your child so we can make the necessary preparations. We also ask that fees are prepaid.

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May 29th thru June 1st = Camp 9:00 am - 3:00 pm

Daily Rate: \$30/day per child

Weekly Rate: 1 child \$ 125.00
2 children \$ 240.00
3 children \$ 345.00

Before Care = 7:00 - 9:00 am \$2.00/day/child
After Care = 3:15 - 5:30 pm \$6.00/day/child

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June 4th thru June 8th - Camp 12:00 - 3:00 pm
(After Vacation Bible School)

Daily Rate \$20.00/day per child

Weekly Fee: 1 child \$ 75.00
2 children \$ 140.00
3 children \$ 195.00

NO Before Care
After Care = 3:15 - 5:30 pm \$6.00/day per child

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Please complete the registration form, attach your fees, and send it back to me here at school by Friday May 19th.

Feel free to email me if you have any questions brennand@smaschool.net

Dennise
Dennise Brennan
St. Mathew Camp Director



SMA Pre-Summer Camp Registration Form

LAST name _____
Please Print

Child's FIRST name: _____ M/F _____ Grade _____ School (if not SMA) _____

Child's Allergies: _____

Address _____

City _____ Zip _____ Home Phone # _____

Mom's Name _____ Cell Phone # _____

Dad's Name _____ Cell Phone # _____

Emergency Contact (other than mom/dad)

Name _____ Phone # _____

Name _____ Phone # _____

Camp Care (Please check the day(s) attending)

May 29th - June 1st (9:00 am-3:00 pm)

_____ 5/29 _____ 5/30 _____ 5/31 _____ 6/1

Please circle one: **Before Care** YES NO **After Care** YES NO

June 4th - 8th (12:00 - 3:00 pm) _____ 6/4 _____ 6/5 _____ 6/6 _____ 6/7 _____ 6/8

Please circle one: **After Care** YES NO

Add'l Information _____

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For Office Use Only....

Total Amount Received _____ Check # _____ Cash _____

Received By: _____ Date _____

Comments: _____