



St. Matthew the Apostle
Camp Crusader
May 27 - July 19, 2019



*Campers entering Grades PreK-3 - 7th grade
*** Includes PreK entering school in the fall ****

ALL children are invited to attend -- not just St. Matthew students !!

Attendance Options: 4 weeks / Weekly / Daily

Package options are available which include discounted extended camp care fees and camp fees.

Drops-Ins are accepted for summer camp as well as Before and After Care.

Before camp care is available 7:00 - 8:45 am, After camp care 3:15 - 5:30 pm



Campers K-7th will attend off campus field trips. Swimming, Bowling, Skating, Karate, Movies, Laser Shows, Museums, Rivertown Theatre shows, Coca-Cola tour, and Baseball Games, only to name a few...



Our PreK campers will remain on campus for activities. Special visitors and activities will be brought into camp for their enjoyment....Pony Rides, Petting Zoo, Train Rides, Tumblebus, and special visitors like the dentist, weatherman, Princess Belle, Captain Hook, the Cat in the Hat, and whoever else may drop in for some fun!



On campus fun for all includes Inflatables, Puppet Shows, Fireman & Policeman visits, Science Lab, Cooking Classes, Music & Dance, Bingo & Bunko games, Arts & Crafts, Obstacle Course, Sports demonstrations, Theme parties, dress up days, "Crazy" days, and whatever else pops into our heads!



Camp activities are scheduled Monday through Friday from 9:00 a.m. to 3:00 p.m.

All activities are included in your summer camp fees

A SMA Camp T-shirt is to be worn on all field trips and on special events.

One camp T-shirt is included with your registration fee; additional shirts are available to purchase.

A SMA back pack is required in camp each day which also may be purchased at camp.

Campers may either bring their lunch to camp or buy lunch, drinks, and/or snacks from our very own lunch room where we serve kid-favorite foods at reasonable prices

INSURANCE: All campers are insured in the event of an injury during camp.

REGISTRATION: Camp registration begins Monday January 28th.

To secure your child's enrollment in Camp Crusader, please complete the Registration Form and return it to St. Matthew School with your non-refundable registration fees as soon as possible. **Camp fees may be deferred but are due in full by Wednesday May 1, 2019.**

Deadline for registration is May 1, 2019. Although we will accept campers after the deadline (space provided), we ask that you pre-register your camper so we can plan accordingly.



St. Matthew the Apostle



Camp Crusader
May 27 - July 19, 2019

1 Child	2 Children	3 Children
<p>*****</p> <p>PLAN A</p> <p>(NO Before/After Camp Care) 9:00 a.m. - 3:00 p.m. 4 WEEKS</p> <p>** Choose any 4 weeks ** \$ 460.00</p> <p>Weekly = \$ 150.00</p> <p>*****</p>	<p>*****</p> <p>PLAN A</p> <p>(NO Before/After Camp Care) 9:00 a.m. - 3:00 p.m. 4 WEEKS</p> <p>** Choose any 4 weeks ** \$ 805.00</p> <p>Weekly = \$ 275.00</p> <p>*****</p>	<p>*****</p> <p>PLAN A</p> <p>(NO Before/After Camp Care) 9:00 a.m. - 3:00 p.m. 4 WEEKS</p> <p>** Choose any 4 weeks ** \$ 1150.00</p> <p>Weekly = \$ 395.00</p> <p>*****</p>
<p>*****</p> <p>PLAN B</p> <p>(Includes Before Camp Care) 7:00 a.m. - 3:00 p.m. 4 WEEKS</p> <p>** Choose any 4 weeks ** \$ 490.00</p> <p>Weekly = \$ 165.00</p> <p>*****</p>	<p>*****</p> <p>PLAN B</p> <p>(Includes Before Camp Care) 7:00 a.m. - 3:00 p.m. 4 WEEKS</p> <p>** Choose any 4 weeks ** \$ 865.00</p> <p>Weekly = \$ 295.00</p> <p>*****</p>	<p>*****</p> <p>PLAN B</p> <p>(Includes Before Camp Care) 7:00 a.m. - 3:00 p.m. 4 WEEKS</p> <p>** Choose any 4 weeks ** \$ 1240.00</p> <p>Weekly = \$ 425.00</p> <p>*****</p>
<p>*****</p> <p>PLAN C</p> <p>(Includes After Camp Care) 3:15 p.m. - 5:30 p.m. 4 WEEKS</p> <p>** Choose any 4 weeks ** \$ 580.00</p> <p>Weekly = \$ 185.00</p> <p>*****</p>	<p>*****</p> <p>PLAN C</p> <p>(Includes After Camp Care) 3:15 p.m. - 5:30 p.m. 4 WEEKS</p> <p>** Choose any 4 weeks ** \$ 1005.00</p> <p>Weekly = \$ 325.00</p> <p>*****</p>	<p>*****</p> <p>PLAN C</p> <p>(Includes After Camp Care) 3:15 p.m. - 5:30 p.m. 4 WEEKS</p> <p>** Choose any 4 weeks ** \$ 1430.00</p> <p>Weekly = \$ 465.00</p> <p>*****</p>
<p>*****</p> <p>PLAN D</p> <p>(Includes Before/After Camp Care) 7:00 a.m. - 5:30 p.m. 4 WEEKS</p> <p>** Choose any 4 weeks ** \$ 620.00</p> <p>Weekly = \$ 195.00</p> <p>*****</p>	<p>*****</p> <p>PLAN D</p> <p>(Includes Before/After Camp Care) 7:00 a.m. - 5:30 p.m. 4 WEEKS</p> <p>** Choose any 4 weeks ** \$ 1085.00</p> <p>Weekly = \$ 345.00</p> <p>*****</p>	<p>*****</p> <p>PLAN D</p> <p>(Includes Before/After Camp Care) 7:00 a.m. - 5:30 p.m. 4 WEEKS</p> <p>** Choose any 4 weeks ** \$ 1550.00</p> <p>Weekly = \$ 495.00</p> <p>*****</p>

Daily Rate \$35.00/day per child

Registration Fee: (includes 1 camp t-shirt)

1st Camper = \$35.00

Each add'l Camper = \$30.00

If your child attends Vacation Bible School (12:00 - 3:00 pm)
It will run the same time of summer camp, so we can pick up your child from VBS at noon
and walk them over to join us at Camp Crusader for the remainder of the day.
Summer Camp the Week of VBS: Daily \$20/day/child
Weekly = 1 child \$75.00 / 2 children \$140.00 / 3 children \$195.00

Over →

Before & After Camp Care:

Before Care 7:00 - 8:45 am			After Care 3:15 - 5:30 pm	
Daily	Weekly		Daily	Weekly
\$ 3.00	\$ 10.00	1 campers	\$ 7.00	\$ 30.00
\$ 5.00	\$ 20.00	2 campers	\$ 12.00	\$ 50.00
\$ 7.00	\$ 30.00	3 campers	\$ 16.00	\$ 70.00

Camp Merchandise: T-Shirt \$15.00 Back Pack \$15.00

All Fees are non-transferable / non-refundable

REGISTRATION: Camp registration begins Monday January 28th.

To secure your child's enrollment in Camp Crusader, please complete the Registration Form and return it to St. Matthew School with your non-refundable registration fees as soon as possible. **Camp fees may be deferred but are due in full by Wednesday May 1, 2019.**

Deadline for registration is May 1, 2019.

Although we will accept campers after the deadline (space provided), we ask that you pre-register your camper so we can plan accordingly.

Summer Camp information and registration forms are available in the school office, the church rectory, and on our website: www.smaschool.net.

Any questions: brennand@smaschool.net

St. Matthew the Apostle Summer Camp

10021 Jefferson Hwy
River Ridge, LA 70123
(504) 737-4604

Camp Director: Mrs. Dennise Brennan





Camp Crusader 2019 Registration/Camp Fees

LAST name _____

Please Print

Child's FIRST name

(1) _____ (2) _____ (3) _____

*** Registration Fee (Includes one camp t-shirt)

1st Camper - \$35.00

Add'l Campers - _____ x \$30 each = _____

Total Registration Fees _____

*** Camp Fees (Please Select Option) **Total Camp Fees** _____

4 weeks – (Please select 4 weeks)

/___/ May 27th – 31st /___/ June 3rd – 7th /___/ June 10th – 14th /___/ June 17th – 21st

/___/ June 24th – 28th /___/ July 1st 2nd 3rd /___/ July 8th – 12th /___/ July 15th – 19th

Weekly

/___/ May 27th – 31st /___/ June 3rd – 7th /___/ June 10th – 14th /___/ June 17th – 21st

/___/ June 24th – 28th /___/ July 1st 2nd 3rd /___/ July 8th – 12th /___/ July 15th – 19th

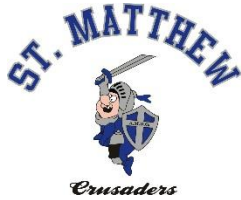
Daily /___/

*** Camp Merchandise

Camp T-Shirt _____ x \$15 = _____ Camp Back Pack _____ x \$15 = _____

XS ___ YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ A-XL ___

Total Merchandise Fees _____



Camp Crusader 2019

Registration/Camp Fees

Page 2

Last Name _____

Please Print

Summary of Fees

Registration Fees _____

(circle one if applicable) Plan A Plan B Plan C Plan D

Camp Fees _____

Before/After Camp Care _____

Merchandise _____

Total Fees _____

Amount Enclosed: \$ _____

Parent's Signature _____ Date _____

<<< Office Use Only >>>

Payment Received _____ Cash _____ Check # _____

Date Received _____ Received By _____

Notes: _____

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Camp Crusader 2019

Camper Information Form

LAST name _____

Please Print

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

Address _____

City _____ Zip _____ Home Phone # _____

Mom's Name _____ Cell Phone # _____

Email address: _____ Work Phone # _____

Dad's Name _____ Cell Phone # _____

Email address: _____ Work Phone # _____

Emergency Contact (other than mom/dad)

Name _____ Phone # _____

Name _____ Phone # _____

Allergies / Important Information: _____

Form Completed By: _____

Please Print

Date: _____