

★ 2018 CAMP STELLA MARIS SUMMER REGISTRATION FORM ★

1) Parent/Guardian Contact Information:

Parent/Guardian 1 : _____	Parent/Guardian 2: _____
Mailing Address: _____	Mailing Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Cell Phone: _____	Cell Phone: _____
Home Phone: _____	Home Phone: _____
E-Mail Address: _____	E-Mail Address: _____
Employer/position: _____	Employer/position: _____

*Parent/Guardian 2 will also have access to camper registration and health information if a name is listed above.

Marital status:

☐ Married ☐ Divorced

☐ Separated ☐ Widowed

☐ Single Mother ☐ Single Father

Camper lives with:

☐ Both ☐ Joint

☐ Mother ☐ Father

☐ Other: _____

Confirmation will be sent via e-mail.

Please make sure we have your correct e-mail address

2) Camper Registration: (Please list all campers below)

Program Code	Camper Name	Birthday MM/DD/YY	M/F	Current Grade	Dietary Concerns	Has your camper received his or her First Holy Communion?	Cabin Mate Request *see below*	Total \$
						YES NO		
						YES NO		
						YES NO		
						YES NO		
						YES NO		

***Cabin Mate Request:** Each camper may choose to request ONLY ONE cabin mate. To consider the request, BOTH campers must request each other. If more than one camper name is listed, we will pick one camper from your list. Campers are assigned to cabins by age, not grade. There are no guarantees.

Where did you hear about us? _____ Who referred you to CSM? _____

3) Camper Programs:

RESIDENT CAMP (Ages 7-15)

Must be 15 or younger during session.

Program Code:	Dates:	Price:
Res A	June 24-30	\$650
Res B	July 1-6	\$620
Res C	July 8-14	\$650
Res D	July 15-20	\$620
Res E	July 22-28	\$650
Res F	July 29-Aug 3	\$620
Res G	August 5-11	\$650
Res H	August 12-17	\$620

4 DAY STAY (Ages 7-15)

Program Code:	Dates:	Price:
4DAY A	June 24-27	\$425
4DAY B	July 1-4	\$425
4DAY F	July 29-Aug 1	\$425
4DAY H	August 12-15	\$425

*Campers will have the opportunity to extend their stay for the remainder of the week after communication between the parent/guardian & counselor - an additional rate would apply.

DAY CAMP (Ages 5-12)

Program Code:	Dates:	Price:
Day 1	June 25-29 ^S	\$250
Day 2	July 2-6 ^F	\$250
Day 3	July 9-13 ^S	\$250
Day 4	July 16-20 ^F	\$250
Day 5	July 23-27 ^S	\$250
Day 6	July 30-Aug 3 ^F	\$250
Day 7	August 6-10 ^S	\$250
Day 8	August 13-17 ^F	\$250
Day 9	August 20-24	\$225

For early drop off: 7:30-8:45 am \$25/wk
Add EDO next to program code (i.e. Day 4 EDO)

^S = Optional sleep-over is scheduled this week.

^F = Fieldtrip is scheduled this week.

★ For a list of fieldtrips offered and sleep-over information please go to www.campstellamaris.org.

OVERNIGHT EXPERIENCE (Ages 6-10)

Program Code:	Dates:	Price:
OE A	June 24-26	\$340
OE A2	June 28-30	\$340
OE B	July 1-3	\$340
OE B2	June 5-6	\$170

*Please see handbook for pick-up and drop-off times.

LEADERS-IN-TRAINING PROGRAM (Age 15)

Please number sessions, 1-4, in order of preference.

Program Code:	Dates:	Price:
____ LIT 1:	A/B Weeks June 24-30 & July 1-6	\$1240
____ LIT 2:	C/D Weeks July 8-14 & July 15-20	\$1240
____ LIT 3:	E/F Weeks July 22-28 & July 29-Aug 3	\$1240
____ LIT 4:	G/H Weeks Aug 5-11 & Aug 12-17	\$1240

COUNSELOR-IN-TRAINING PROGRAM (Age 16)

Please number sessions, 1-7, in order of preference

Program Code:	Dates:	Price:
____ CIT 1:	A/B Weeks June 24-30 & July 1-6	\$880
____ CIT 2:	B/C Weeks July 1-6 & July 8-14	\$880
____ CIT 3:	C/D Weeks July 8-14 & July 15-20	\$880
____ CIT 4:	D/E Weeks July 15-20 & July 22-28	\$880
____ CIT 5:	E/F Weeks July 22-28 & July 29-Aug 3	\$880
____ CIT 6:	F/G Weeks July 29-Aug 3 & Aug 5-11	\$880
____ CIT 7:	G/H Weeks Aug 5-11 & Aug 12-17	\$880

Registration Questions:

Call: (585) 346-2243, ext. 104

Email: diane@campstellamaris.org

Mail to:

Camp Stella Maris
4395 East Lake Road
Livonia, NY 14487

Fax to: (585) 346-6921

Scan to: info@campstellamaris.org

www.campstellamaris.org

4) Payment:

Calculate Balance:

Total Fee (include all campers from above): \$ _____

Contribution to CSM Campership Fund: \$ _____

*Sibling Discount \$(_____)

*Deduct \$20 for each additional child registered (after one) per household per session.

TOTAL: \$ _____

Camp Registration Agreement:

- ♦ I agree to be responsible for all fees and payment terms selected.
- ♦ I have read and agree to all terms included on this registration and conditions relating to programming, fees, and refund policies.

Signature of parent/guardian _____ Date _____

Payment Agreement:

Please select method of deposit and one balance payment option.

***Deposit due upon registration: Non-refundable \$75 per camper per session (deposit will be applied to registration fee)**

♦ Payment Option 1: Payment in **full today**:

- ☐ Credit/Debit card
- ☐ Check # _____

♦ Payment Option 2: Payment in full **April 2, 2018**

- ☐ Credit/Debit card*
- ☐ Check # _____

*Selecting Payment Option 2 and using a credit/debit card, CSM will debit your account automatically on April 2nd.

☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Card #: _____ Exp. Date: _____

Name on Card: _____

Signature: _____

Refund/Cancellation Policy:

- ♦ **FULL** payment must be postmarked by **June 1, 2018 to avoid cancellation.**
- ♦ Cancellation made prior to June 1, 2018, a full refund, less the deposit, will be issued.
- ♦ Cancellation made after June 1, 2018, **no** refund will be given.