

S  
MICHAEL CLEMENT  
*Performing Arts*

SUMMER CAMP AT STMSTC  
2020

**CAMP OPTIONS** (*Cost reflects 1 child/per week*)

A. Camp ONLY: 9:00 AM - 4:00 PM \$150.00 per week \_\_\_\_\_ # of weeks \_\_\_\_\_

B. Camp PLUS: 8:00 AM - 6:00 PM \$200.00 per week \_\_\_\_\_ # of weeks \_\_\_\_\_  
(before-care and after-care)

**ADDITIONAL (Optional) FEES:**

REGISTRATION FEE: \$25.00 per family (NONREFUNDABLE) Paid \_\_\_\_\_

ACADEMIC SUPPORT FEE: \$50.00 per child/per week

# of Children N/A # of Weeks N/A

CHILD'S NAME: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_



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SUMMER THEATRE  
STUDENT RÉSUMÉ

\_\_\_\_\_  
STUDENT NAME

\_\_\_\_\_  
STUDENT GRADE (AS OF CURRENT SCHOOL YEAR: 2019-2020)

\_\_\_\_\_  
GUARDIAN NAME(S)

\_\_\_\_\_  
GUARDIAN SIGNATURE(S)

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER

PREVIOUS THEATRE EXPERIENCE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS MUSIC EXPERIENCE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**St. Michael-St. Clement School**  
**Extended Care**  
**Pick – up Authorization form**

To provide maximum safety for the children enrolled in Extended Care we ask you to fill out this form stating who is authorized to pick-up your child. This form will be kept on file. The person/s listed will be required to show legal identification to our staff before your child can leave with them.

**Child Name:** \_\_\_\_\_

1. Parent/Guardian: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell: \_\_\_\_\_

2. Authorized Pick - up

Name: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell: \_\_\_\_\_

3. Authorized Pick - up

Name: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell: \_\_\_\_\_

4. Authorized Pick - up

Name: \_\_\_\_\_

Work Number: \_\_\_\_\_

Cell: \_\_\_\_\_