

Saint Catherine of Siena School

206 North Street
Manchester, NH 03104
(Tel.) 603.622.1711 (Fax) 603.624.4935
office@scsnh.com
www.scsnh.com



"Be who God created you to be and you will set the world on fire."

Camp Siena – Registration Form

Welcome to Camp Siena! Please fill in the information requested below and return this form to the office by Friday, May 7, 2021. Your non-refundable registration fee of \$100.00 and tuition for one week will then be billed through your Family Portal in Renweb. Please do not send in a check.

Child's Name: _____ Age: _____ Date of Birth: _____
Address (if different from parents): _____

Child's Name: _____ Age: _____ Date of Birth: _____
Address (if different from parents): _____

Parent(s) Name: _____
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Enter T-Shirt quantity (1 supplied per child, extra may be ordered for \$9 per shirt):

Child #1 Youth sm _____ med _____ lg _____ xl _____ Adult med _____ Adult lg _____
Child #2 Youth sm _____ med _____ lg _____ xl _____ Adult med _____ Adult lg _____
Child #3 Youth sm _____ med _____ lg _____ xl _____ Adult med _____ Adult lg _____

Day/Week Enrolled (please place a check mark in the boxes):

Week of	Entire Week	Monday	Tuesday	Wednesday	Thursday	Friday
June 21-25						
June 28-July 2						
July 5-9						
July 12-16						
July 19-23						
July 26-30						
Aug 2-6						
Aug 9-13						

CAMP HOURS: 7:00 AM – 5:30 PM

COST: 1 CHILD \$150.00 a week or \$30.00 a day

2 CHILDREN \$250.00 a week or \$50.00 a day

ADDITIONAL CHARGES: Tuesday will likely be Lake Sunapee day. Wednesday is ice cream day. The fees and trip details will be posted a week in advance so parents will be informed of any additional cost.

The names listed below are the only persons authorized by me to pick up my child(ren).

(Name)	(Phone #)	(Relationship to the child)
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(Name)	(Phone #)	(Relationship to the child)
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Parent/Guardian Signature: _____ Date: _____

Please list significant health factors that we should be aware of such as allergies, inhalers, eyeglasses, hearing aids, etc. Please list any medications that your child uses.

I agree to have my child transported by ambulance and/or treated for medical or dental problems if an emergency should arise. I accept full responsibility for all medical expenses incurred as a result of my child(ren)'s participation in this program.

Date _____

Parent/Guardian Name (print)

Parent/Guardian (signature)

Local Physician's Name

Office Phone #

Address