



St. Francis of Assisi  
Camp Wolf Pack: STEM Challenge  
2018 Registration

5330 Eastside Circle  
Yorba Linda, CA 92887  
(714) 695-3700

Student Name:	Grade Entering:	Age:	Shirt Size (circle one):
Mother's Name:	Mother Work/Cell:		Child S    Child M    Child L
Father's Name:	Father Work/Cell:		Adult S    Adult M    Adult L    Adult XL
Address:	Home Phone:		Emergency Contact Name:
	Parent Email Address:		Emergency Contact Phone:
Please note any allergies or medical conditions:		Emergency Contact Relationship to Child:	
<b>Authorized Pick –up:</b>			
Insurance Company:	Policy Number:	Doctor's Name:	Doctor's Phone:

**Student Dress Code**

While at Camp Wolf Pack, your child will be given a camp T-shirt, which is to be worn on Fridays for field trips. During the week, students may wear clothes of their choosing as long as it falls within the following guidelines:

- No open toed shoes (*this includes flip flops and sandals*)
- Shorts that are a modest length (*should reach the ends of fingers extended*)
- Shirts that cover the length of the torso (*no cropped tops*)

**General Policies**

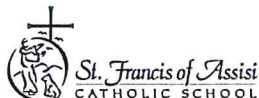
- All fees & tuition are due at the time of registration. Unless you have approval from camp directors, *each week registration is left unpaid will have an increase of \$25.00.*
- Any refunds will be issued at the end of Camp Wolf Pack in August and mailed to the registered address unless arranged with the directors differently. Any questions regarding refunds should be directed to the camp directors.
- The campus opens at 7:30 am and closes at 6:00 pm each night. Parents are responsible for arranging drop off and pick up for their children during these times. Due to liability, we cannot accept student arrival prior to 7:30 am. Additional fees will be applied to students picked up after 6:00 pm.

**Movies Shown During Camp**

We may show one movie in the afternoon, typically on Fridays. We only show G and PG rated movies during camp and you will be notified of all movies to be shown before they are seen.

I have read and agree to the policies listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Child's Name: \_\_\_\_\_

Weeks	Circle one session per week.	
<b>Week 1</b> 6/25-6/29	<b>AM Only Session</b> <b>\$150</b> 9:00 – 12:00	<b>AM/PM Session</b> <b>\$235</b> 9:00-3:00
<b>Week 2</b> 7/2-7/6 <i>No Camp on 7/4</i>	<b>AM Only Session</b> <b>\$120</b> 9:00 – 12:00	<b>AM/PM Session</b> <b>\$190</b> 9:00-3:00
<b>Week 3</b> 7/9-7/13	<b>AM Only Session</b> <b>\$150</b> 9:00 – 12:00	<b>AM/PM Session</b> <b>\$235</b> 9:00-3:00
<b>Week 4</b> 7/16-7/20	<b>AM Only Session</b> <b>\$150</b> 9:00 – 12:00	<b>AM/PM Session</b> <b>\$235</b> 9:00-3:00
<b>Week 5</b> 7/23-7/27	<b>AM Only Session</b> <b>\$150</b> 9:00 – 12:00	<b>AM/PM Session</b> <b>\$235</b> 9:00-3:00
<b>Week 6</b> 7/30 – 8/2 <i>Closed Friday</i>	<b>AM Only Session</b> <b>\$120</b> 9:00 – 12:00	<b>AM/PM Session</b> <b>\$190</b> 9:00-3:00

Total : \$ \_\_\_\_\_

Indicate here if you would like a receipt mailed at the end of the summer.

Yes

No

**Office Use only**

Total Cost: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Cash or Check: \_\_\_\_\_ Balance Remaining: \_\_\_\_\_

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Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Cash or Check: \_\_\_\_\_ Balance Remaining: \_\_\_\_\_