

Camp Eagle's Nest 2010



Ascension Episcopal School

Camp Costs

Full Day: 9:00 AM to 3:00 PM- \$500 Per 3 Weeks
Half Day: 9:00 AM to 12:00 PM- \$300 per 3 Weeks
Half Day: 9:00 AM to 12:00 PM- \$175 Per Week
Full Day: 9:00 AM to 3:00 PM- \$200 Per Week

Early Birds 7:30 AM - 9:00 AM - \$40 Per Week
Night Owls 3:00 PM - 6:00 PM- \$75 Per Week

Drop In: \$10 Per Hour

*Vacation Bible School (VBS) - June 14-18
9:00 AM - 11:30 AM
(Price for VBS week discounted by \$35.00)

Session I

Week 1: June 7 - June 11
*Week 2: June 14-18 camp available before and after VBS
Week 3: June 21 - June 25

Session II

Week 1: June 28 - July 2
**Week 2: July 6 - July 9
Week 3: July 12 - July 16
***Closed Monday, July 5*

Session III

Week 1: July 19 - July 23
Week 2: July 26 - July 30
Week 3: Aug 2 - Aug 6



Registration Application - Summer Camp 2010



Camper's Name _____

Birth Date _____ Age _____

Grade Completed in May, 2010 _____

School Attended in 2009-2010 _____

Parent's/Guardian's Name _____

Address _____ Cell Phone _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Email _____

Other Emergency Name and Number _____

Please fill in the programs of your choice and the cost.

SESSION #/WEEK	TIME	COST
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

A EARLY BIRDS 7:30 A.M. - 9:00 A.M. (\$40 PER WEEK) X # _____ WKS = _____

B NIGHT OWLS 3:00 P.M. - 6:00 P.M. (\$75 PER WEEK) X # _____ WKS = _____

Circle Size T-Shirt **Child: S M L XL** Quantity _____ x \$15 = Cost _____

Summer "Camp Eagle's Nest" T-Shirts may be purchased for \$15 per T-Shirt

TOTAL _____

Non-Refundable Deposit of \$100 required with Registration _____

BALANCE _____

Please make checks payable to Ascension Episcopal School.

Send Registration & Payment to: Ascension Episcopal School—"Camp Eagle's Nest" - 2525 Seagler Road - Houston, Texas 77042

Phone 713-783-0260 / Fax 713-787-9162

For Office Use Only: Check Number _____ Check Amount _____ Date Received _____

Deposit Received _____ All Sessions _____ Session I _____ Session II _____ Session III _____

Extended Care: Early Bird _____ Night Owl _____ Early & Night _____

T-Shirt _____ Refund _____

Session I _____ Session II _____ Session III _____

Medical Information - Summer Camp 2010



1. List any known allergies _____

Severity _____ Treatment _____

2. List any prescribed medication (type, frequency and dosage student is taking) and (explain).

3. Is the student under the care of a physician? _____

4. Please detail, any special needs, problems, conditions, or physical limitations about which the school should know - (hearing, vision).

5. Should your child require medication administration during camp hours, please obtain and complete a Medication Form to be returned to the School Office.

Insurance Information

_____ I / We **do not have** health insurance.

_____ I / We **do have** health insurance as follows:

Parent / Guardian _____

Name of Employer if covered under Company Policy _____

Health Insurance Company _____

Group/ID Policy # (This must be completed) _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the Physician indicated above and to follow his/her instructions. If it is impossible to contact this Physician, the school may take whatever arrangements seem necessary:

Print Name _____

Parent / Guardian Signature _____ Date _____

Daytime Phone _____

Statement of Support

We support the philosophy of Ascension Episcopal School and we will support the administration in the implementation of its policies and regulations as stated in the Parent/Student Handbook. We also understand that Ascension Episcopal School reserves the right to request withdrawal of any student whose conduct and influence is regarded as undesirable and unsatisfactory, or who fails to conform to the rules and regulations. No refund will be made to any student who withdraws or is dismissed from the summer camp.

Signature of Parent or Guardian _____ Date _____