



What a camp's supposed to be.

ADVENTURE CAMP
MARCH BREAK

JK TO GRADE 2 & GRADES 3 TO 6
March 13-17 & March 20-24



The Adventure Camp Experience
studentservices@stjudesacademy.com

Adventure Camp

at St. Jude's Academy

St. Jude's Academy offers an exciting array of fun, activity-based programs for campers of all ages. The Adventure Camp provides opportunities for exploration, creativity and personal growth within a positive atmosphere where campers are inspired through meaningful participation and enriched experiences. Adventure Camp provides a unique setting in which learning and fun interconnect!

Adventure Camp 2023

Monday to Friday, March 13-17 & March 20-24

Camp Sessions & Weekly Cost

- ✓ Time 8:30 am – 4:30 pm
- ✓ One snack provided
- ✓ No Lunch - \$250.00 or With Meal Plan - \$280.00

Payment:

- A \$50 one-time-non-refundable deposit is due at time of registration to hold your child's spot.
- Full balance is due 14 days prior to the start.
- Please provide 2 weeks notice of cancellation or changes.
- No refunds if cancellation is within 14 days.
- No refunds for missed days.

Payment Options:

Cash or Online Payment.

Camp Sessions & Availability are subject to change based on registration and/or the discretion of St. Jude's Academy. Campers will not be released to anyone other than parents listed on this application with prior written consent.

Snack & Lunches:

- One snack provided for all campers.
- Lunches are provided for campers that have selected the meal plan. Extra snacks and drinks are to be provided from home.



Camper's Legal Name: _____

Date of Birth (DD/MM/YYYY) _____

Male ___ **Female** ___ (please check one)

Last year of school complete: ___ **Age:** ___

School currently attending: _____

Parent/Guardian (1) Name: _____

Phone Numbers: (cell) _____ **(other)** _____

Parent/Guardian (2) Name: _____

Phone Numbers: (cell) _____ **(other)** _____

Emergency Contact (1) Name: _____

Relationship: _____ **Phone Number:** _____

Emergency Contact (2) Name: _____

Relationship: _____ **Phone Number:** _____

Does your Camper have any known allergies and/or exceptionalities and/or take any medications? Yes ___ No ___ (please check one)

If "Yes" please provide details: _____

EpiPen User? Yes ___ No ___ (please check one)

Health Card # _____

Camp Week (s) selected: Please check week(s)

___ **Week 1 March 13-17** ___ **Week 2 March 20-24**

Lunch Options:

___ **No Meal Plan**

___ **Meal Plan**

If Meal Plan is selected, please select:

MON: ___ **Penne & Sauce** ___ **Penne with Butter**

TUES: ___ **2 Chicken Fingers** ___ **Grilled Cheese**

WED: ___ **2 Pancakes**

THURS: ___ **Beef Hot dog** ___ **Chicken Hot dog** ___ **Grilled Cheese**

FRI: ___ **Mac & Cheese**



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