



2022 LITTLE ANGELS SUMMER CAMP REGISTRATION FORM

CHILD'S NAME: _____ CHILD'S BIRTHDATE: _____

PARENT NAMES: _____

ADDRESS: _____ CITY _____ ZIP _____

PHONE # _____ E-MAIL _____

*** Camp runs from 9 – 12, Monday – Thursday.** Snack and juice will be provided.

***Children must be two years old to participate.**

Please **circle** below the program option you prefer for your child to attend each week.

May 31 – June 2	It's a Bug's Life	T/W/TH	W	T/TH
June 6 - 9	Nature Lovers	M/T/W/TH	M/W	T/TH
June 13 – 16	Let's Go Camping	M/T/W/TH	M/W	T/TH
June 20 - 23	Sports	M/T/W/TH	M/W	T/TH
June 27 – June 30	Red/White/Blue	M/T/W/TH	M/W	T/TH
July 11 - 14	Dinosaurs	M/T/W/TH	M/W	T/TH
July 18 - 21	Under the Sea	M/T/W/TH	M/W	T/TH

***The younger and older class will be doing the same themes each week.**

*Camp tuition is \$75 for two days or \$150 per week (\$112.50 for the week of May 31). All billing will be done via credit card at the end of the month for the actual days your child attends that month. **The Credit Card Form is required for every family attending camp and must be turned in with this registration form to hold your child's spot.**

There is **NO** registration fee for current and incoming Little Angels students.

There will be a one-time fee of \$25 for children not enrolled at Little Angels.

Families with children in District 220 camps have the option of picking up at 12:15 with no additional fee.

Yes, I want this option for my child.

*There is a minimum of 8 children per age group with a maximum of 15 for the younger group and 20 for the older group. We will fill the rooms on a first come, first served basis. Please note we will be splitting the current 2's between the younger and older groups to accommodate more children if needed.

A Ministry of St. Michael's Episcopal Church • 647 Dundee Ave. • Barrington, IL 60010

Contact 847-381-5490 or sdreys@stmichaelsbarrington.org with questions.



2022 Summer Camp PAYMENT INFORMATION

We will be charging your credit card on the last day of each month for the days your child attended camp for that month. The cost is \$37.50 per day. Please provide credit card information below:

Credit Card type: (please circle)

Visa

Mastercard

Credit Card Number: _____

Exp. Date ____/____/____ Three-digit Code: _____

Name on Card _____

Billing Address: _____

City, State, Zip Code: _____

I authorize St. Michael's Episcopal Church to charge the above credit card \$37.50/day for the days my child attended Summer Camp at Little Angels Christian Preschool.

Signature _____