

Vacation Bible Camp at Camp Holy Cross



Mon. JULY 23 - Fri. July 27

For students entering Pre-K to Gr. 6 in September 2012
(Junior Counselors should be entering Gr. 7 or 8 in Sept. 2012)

8:00 a.m. (pickup) – 4:00 p.m. (Drop-off)
Camp Holy Cross, Cape Street, Rt. 112, Goshen

CAMPERS PARTICIPATE IN DAILY PRAYER, BIBLE STORIES AND ACTIVITIES, BIBLE DRAMA, FIELD GAMES, ARTS AND CRAFTS, MUSIC AND SUPERVISED SWIMMING.

**GRADUATED FAMILY FEES FOR CHILDREN IN THE SAME HOUSEHOLD.
REGISTER EARLY FOR THE BEST DISCOUNT!**

	RECEIVED BY 4/1	RECEIVED 4/2 - 6/24	Received after June 24
FIRST CHILD	\$100.00	\$125.00	\$150.00
TWO CHILDREN	\$175.00	\$200.00	\$225.00
THREE or more	\$225.00	\$250.00	\$275.00
JUNIOR COUNSELOR	\$ 50.00	\$ 75.00	None accepted

TRANSPORTATION: THE BUS STOPS AT THE FOLLOWING LOCATIONS:

Pittsfield – Parking lot across from Sherwin Williams	7:50 a.m.
ST. AGNES School	8:00 a.m.
WINDSOR (Across from Fire Station)	8:10 a.m.
CUMMINGTON (Across from Berkshire Trail School)	8:20 a.m.

****Health Forms will be sent to you once we receive your paid registration and are also available online at www.stagnesc.com. Health forms must be returned by JULY 15. Please complete all pages, sign, and attach an up-to-date immunization form. A registered nurse will be on site the entire week. Please let us know of specific health or medication concerns. Children may not begin camp unless health forms are complete and received by the due date. NO EXCEPTIONS**

Bible Camp Registration - 2012

One Form for each Camper/Jr. Counselor please



NO REGISTRATIONS CAN BE ACCEPTED AFTER July 15th

CAMPERS NAME _____ Currently in Grade? _____ Grade in Sept.? _____

Or

JUNIOR COUNSELORS NAME _____ Currently in Grade? _____ Grade in Sept.? _____

Custodial Parent(s) Names _____

Mailing Address _____

Street or P.O. Box

Town

Zip

Primary Phone _____ (cell) _____

(Additional numbers and emergency information will be requested on the health form)

T-Shirt Size Youth small ___ med ___ large ___ Adult small ___ med ___ large ___ xl ___ XXL ___

My child (children) will take the bus from: Pittsfield _____ St Agnes _____ Windsor _____ Cummington _____

Total ENCLOSED _____ for _____ campers _____ Jr. Counselor(s)

Check Number _____ Cash _____ (Send one check for all family members)

Cost is a hardship. I am enclosing a \$25 deposit and would like to be considered for a full ___ partial ___ campership

**Payment should accompany registration. Please make checks payable to:
ST. AGNES CATHOLIC COMMUNITY
513 Main Street, Dalton, MA 01226**

Questions? Call Mrs. Stankiewicz at 684-1803 or email lstankiewicz@stagnesc.com