

CKRS SEAS CAMP

Summer Enrichment in the Arts and Sciences

Two Sessions: Four day each week

Wk 1: Monday 6/21- Thursday 6/24 9:00am - 12:00PM \$200

Wk 2: Monday 6/28- Thursday 7/1 9:00am - 12:00PM \$200

(Please make all checks out to: Lauren Picerno)

Please send in your filled out registration form plus checks with your child to Mrs. Picerno at school .

in case of extreme inclement weather Friday 6/25 and 7/2 are reserved as rain dates

We are excited to offer this new camp opportunity to our CKRS community. Our camp will be divided into two cohorts and will offer campers a chance to explore and investigate concepts in Science, Technology, Engineering, and Math as well as Animals and Gardening with Mr. Emmons through fun and engaging activities and experiences! Campers will also learn all about acting with Mrs. Picerno! Campers will play theatre games, create improvisations, and learn the fundamentals of acting. Campers will be kept socially distant and within their cohort , rotating mid morning to the other Camp Leader. Camp will be held outside and in the tents at school. Campers need to wear a mask, pack a water bottle and a healthy snack. We are only able to accept 26 students for each session of camp on a first come first serve basis. We will notify you by a letter to be sent home with your child in the order received if your child has been registered. If we run out of room they will be put on a waiting list and we will let you know if an available spot has opened up.

Please accept my registration for CKRS SEAS camp. I hereby give my permission for my child to attend (please indicate) session one _____ session two _____ both _____.

Cohorts will be 2 groups of 13 : grades 1st-3rd and grades 4th-7th

I assume all risks and accept personal responsibility for any damages or losses as a result of injury ; loss of property. I release, waive, discharge CKRS SEAS camp its members, directors, staff, and Christ the King Regional School. As a parent or guardian of this registered camper I have read this statement and give my child permission to attend this camp.

X _____ (parent signature)

Child's name and grade: _____

Please include both your primary and Emergency Contact information (Phone # and Email) along with any allergy or special medical needs or instructions.