



Travel Around the World EVERYONE WELCOME

St. Rose of Lima Academy Day Camp

52 Short Hills Avenue * Short Hills, NJ

973-379-3973

FOR STUDENTS ENTERING PRE-K3 THROUGH GRADE 4

June 19th – August 4th

Monday – Friday 8:00 AM – 1:30 PM



SCAN HERE WITH PHONE
FOR SRLA CAMP
INFORMATION

The summer camp at SRLA offers something for everyone, as we travel to seven habitats on our Earth, the Tundra, Desert, Ocean, Wetlands/Forest, African Savanna, Rainforest and Grasslands. Each day the campers will enjoy hands-on science experiments or engineering projects, Lego competitions, arts and crafts, games, computer, indoor and outdoor play, water play, acting, cooking with Mrs. Underwood, and tons of fun with Mrs. W!

The cost is \$185.00 per week for the first child and \$165.00 per week for each additional child*. Morning drop-off is between the hours of 8:00 – 8:30 AM and pick-up is between 1:00 – 1:30 PM.

Please indicate the weeks you plan to have your child attend this summer and return the registration form to the school by April 28th along with a deposit of \$30.00 non-refundable registration fee per camper to ensure a spot for your child (children).

For additional information, including the registration form please visit our website at www.srlacademy.org or call us at 973-379-3973.

Week	Theme	Oh, the places we'll go ...
1. June 19 - 23	Tundra	North and South Pole
2. June 26 - 30	Desert	USA - Asia
3. July 5, 6, 7 * \$99.	Grasslands	USA
4. July 10 - 14	Ocean	Atlantic/Pacific/Dead Sea/Barrier Reef
5. July 17 - 21	Rainforest	South America
6. July 24 - 28	Wetlands/forest	Australia/USA
7. July 31 – Aug. 4	African Savana	Africa

St. Rose of Lima Academy Day Camp
52 Short Hills Avenue, Short Hills, NJ 07078

Registration Form

Please return the registration form and pick-up information.

Student Name: _____ Present Grade: _____ Birth Date: _____

Parent/Guardian Name(s): _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Does your child have any allergies? _____

Does your child have any special medical conditions? _____

Doctor's Name: _____ Phone Number: _____

Pick-up Information

The following people have permission to pick-up your child. We will only release children to the following people. If someone other than those listed will be picking up your child we will need written or verbal permission from the parent guardian.

Name: _____ Phone Number: _____

Relationship to Child: _____

Name: _____ Phone Number: _____

Relationship to Child: _____

Parent/Guardian Signature: _____

Date: _____ Emergency Phone: _____