



BLESSED SACRAMENT SCHOOL SUMMER CAMP

2026 Enrollment Form (PS3 to 5th grade)

The deadline to enroll is **Friday, April 24th** or when all spots are full. **No drop ins for 2026**

Camp Registration fees will be billed through FACTS and due right away. Family registration fee is \$100.00

Monday to Friday **Camp Hours are 7:45 a.m. – 5:00 p.m.** **All Billings/Payments will be done through FACTS**
Cost is (per child) \$190.00 per week OR to pay in full(per child)(due by 6/30) is \$1,675.00 (1,710.00 – 35.00 discount)
_____ invoice beginning of each week for child(ren) _____ invoice pay in full option for child(ren)

Return forms to Esther Edgren via email at edgren@bssbruins.org or drop off

Student Information: For each child select the weeks they will attend

Student 1 Last Name: _____ First : _____ Grade entering _____

Allergies/Health Concerns : _____

June 1-5 June 8-12 June 15-19 June 22-26 June 29 to July 2

July 6-10 July 13-17 July 20-24 July 27-31

ALL 9 WEEKS

Student 2 Last Name: _____ First : _____ Grade entering _____

Allergies/Health Concerns : _____

June 1-5 June 8-12 June 15-19 June 22-26 June 29 to July 2

July 6-10 July 13-17 July 20-24 July 27-31

ALL 9 WEEKS

Student 3 Last Name: _____ First : _____ Grade entering _____

Allergies/Health Concerns : _____

June 1-5 June 8-12 June 15-19 June 22-26 June 29 to July 2

July 6-10 July 13-17 July 20-24 July 27-31

ALL 9 WEEKS

Student 4 Last Name: _____ First : _____ Grade entering _____

Allergies/Health Concerns : _____

June 1-5 June 8-12 June 15-19 June 22-26 June 29 to July 2

July 6-10 July 13-17 July 20-24 July 27-31

ALL 9 WEEKS

I hereby give permissions for Blessed Sacrament Summer Camp staff to administer any/all medical attention necessary in the event of an accident, injury, illness, etc. under the supervision of the camp director, until such time as I or another person listed above may be contacted. I also assume responsibility for any fees that may be incurred for any such treatment, and I indemnify such persons and Blessed Sacrament School/Church from liabilities related to such treatment. If my child(ren) has any medical conditions or special needs, I will provide that information in writing to the camp.

I also give permission for the taking and use of photos and/or videos of my child(ren).

Parent/Guardian Signature: _____ Date: _____

Parent Contact Information

If applicable, please indicate primary residence of the student with ★

Father/Guardian	Mother/Guardian
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Email Address: _____	Email Address: _____
Cell # _____	Cell # _____
Work # _____	Work # _____

Additional Emergency Contacts

Anyone listed below may be contacted if parents are unable to be reached

Name: _____	Name: _____
Relationship to student: _____	Relationship to student: _____
Contact Number: _____	Contact Number: _____
Name: _____	Name: _____
Relationship to student: _____	Relationship to student: _____
Contact Number: _____	Contact Number: _____