



# What a camp's supposed to be.

ADVENTURE CAMP  
MARCH BREAK

JK TO GRADE 2 & GRADES 3 TO 6  
March 13-17 & March 20-24



The Adventure Camp Experience  
[studentservices@stjudesacademy.com](mailto:studentservices@stjudesacademy.com)

# Adventure Camp

## at St. Jude's Academy

St. Jude's Academy offers an exciting array of fun, activity-based programs for campers of all ages. The Adventure Camp provides opportunities for exploration, creativity and personal growth within a positive atmosphere where campers are inspired through meaningful participation and enriched experiences. Adventure Camp provides a unique setting in which learning and fun interconnect!

# Adventure Camp 2023

**Monday to Friday, March 13-17 & March 20-24**

## **Camp Sessions & Weekly Cost**

- ✓ Time 8:30 am – 4:30 pm
- ✓ One snack provided
- ✓ No Lunch - \$250.00 or With Meal Plan - \$280.00

## **Payment:**

- A \$50 one-time-non-refundable deposit is due at time of registration to hold your child's spot.
- Full balance is due 14 days prior to the start.
- Please provide 2 weeks notice of cancellation or changes.
- No refunds if cancellation is within 14 days.
- No refunds for missed days.

## **Payment Options:**

Cash or Online Payment.

Camp Sessions & Availability are subject to change based on registration and/or the discretion of St. Jude's Academy. Campers will not be released to anyone other than parents listed on this application with prior written consent.

## **Snack & Lunches:**

- One snack provided for all campers.
- Lunches are provided for campers that have selected the meal plan. Extra snacks and drinks are to be provided from home.



Camper's Legal Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ (please check one)

Last year of school complete: \_\_\_\_\_ Age: \_\_\_\_\_

School currently attending: \_\_\_\_\_

Parent/Guardian (1) Name: \_\_\_\_\_

Phone Numbers: (cell) \_\_\_\_\_ (other) \_\_\_\_\_

Parent/Guardian (2) Name: \_\_\_\_\_

Phone Numbers: (cell) \_\_\_\_\_ (other) \_\_\_\_\_

Emergency Contact (1) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact (2) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your Camper have any known allergies and/or exceptionalities and/or take any medications? Yes \_\_\_\_\_ No \_\_\_\_\_ (please check one)

If "Yes" please provide details: \_\_\_\_\_

EpiPen User? Yes \_\_\_\_\_ No \_\_\_\_\_ (please check one)

Health Card # \_\_\_\_\_

Camp Week (s) selected: Please check week(s)

\_\_\_\_ Week 1 March 13-17 \_\_\_\_ Week 2 March 20-24

Lunch Options:

No Meal Plan

Meal Plan

If Meal Plan is selected, please select:

MON:  Penne & Sauce  Penne with Butter

TUES:  2 Chicken Fingers  Grilled Cheese

WED:  2 Pancakes

THURS:  Beef Hot dog  Chicken Hot dog  Grilled Cheese

FRI:  Mac & Cheese



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St. Jude's Academy

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Visit [stjudesacademy.com](http://stjudesacademy.com)  
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