

# Saint Catherine of Siena School

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*“Be who God created you to be and you will set the world on fire.”*

## Camp Siena – Registration Form

Welcome to Camp Siena! Please fill in the information requested below and return this form to the office by Monday, May 13, 2024. Your non-refundable registration fee of \$125.00 will then be billed through your Family Portal in Renweb. Please do not send in a check.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address (if different from parents): \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address (if different from parents): \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Enter T-Shirt quantity (1 supplied per child, extra may be ordered for \$10 per shirt):

Child #1 Youth sm \_\_\_\_\_ med \_\_\_\_\_ lg \_\_\_\_\_ xl \_\_\_\_\_ Adult med \_\_\_\_\_ Adult lg \_\_\_\_\_  
 Child #2 Youth sm \_\_\_\_\_ med \_\_\_\_\_ lg \_\_\_\_\_ xl \_\_\_\_\_ Adult med \_\_\_\_\_ Adult lg \_\_\_\_\_  
 Child #3 Youth sm \_\_\_\_\_ med \_\_\_\_\_ lg \_\_\_\_\_ xl \_\_\_\_\_ Adult med \_\_\_\_\_ Adult lg \_\_\_\_\_

Day/Week Enrolled (please place a check mark in the boxes):

Week of	Entire Week	Monday	Tuesday	Wednesday	Thursday	Friday
June 24-28						
July 1-5					no camp	
July 8-12						
July 15-19						
July 22-26						
July 29-Aug 2						
Aug 5-9						
Aug 12-16						

**CAMP HOURS:** 7:00 AM – 5:30 PM

**COST:** \$175.00 a week or \$35.00 a day

**ADDITIONAL CHARGES:** Tuesday and Thursday will be field trip days. Wednesday is ice cream day. The fees and trip details will be posted a week in advance so parents will be informed of any additional cost.

The names listed below are the only persons authorized by me to pick up my child(ren).

\_\_\_\_\_  
(Name) (Phone #) (Relationship to the child)

\_\_\_\_\_  
(Name) (Phone #) (Relationship to the child)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list significant health factors that we should be aware of such as allergies, inhalers, eyeglasses, hearing aids, etc. Please list any medications that your child uses.

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

I agree to have my child transported by ambulance and/or treated for medical or dental problems if an emergency should arise. I accept full responsibility for all medical expenses incurred as a result of my child(ren)'s participation in this program.

Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian (signature)

\_\_\_\_\_  
Local Physician's Name

\_\_\_\_\_  
Office Phone #

\_\_\_\_\_  
Address