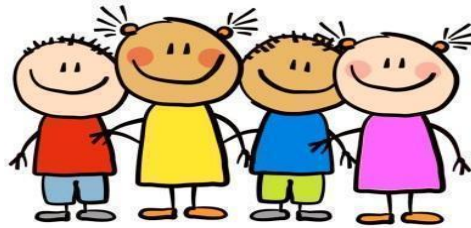




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ST. CHARLES BORROMEO PARISH SUMMER CAMP 2025



Session 1: June 23 - July 18, 2025

Session 2: July 21 - August 15, 2025

Hours: Monday - Friday (8-4); ½ day rates available

Ages: 4-7 (incoming pre-K 4 - incoming 2nd grade)

CAMP REGISTRATION

Opens on 2/18 until 2/28 for ALL students registered for SY 25-26 at SCB School

Open registration to follow based on availability

Direct questions to:

Mr. Joeram Nuryen (jnuarin@scbpschool.com)

Mrs. Marianne Culp (mculp@scbpschool.com)

Payment due: Session 1: April 28, 2025 Session 2: May 28, 2025

Please make check payable to: SCB Summer Camp

Vacation time can be prorated. Please provide info when available.

Please send payment to: SCB Summer Camp, 2500 Branch Pike, Cinnaminson, NJ 08077 ATTN: Camp Registration



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Registration Form:

Please email, mail, or drop off at the SCB school office.

Registration fee of \$150.00 (non refundable) will be applied to camp tuition.

Please indicate choices.

Days per week

Days attending:

- | | | | |
|--|------|--|------------------------------------|
| <input type="checkbox"/> 1 full day/ week | -or- | <input type="checkbox"/> 1 (½) day/week | <input type="checkbox"/> Monday |
| <input type="checkbox"/> 2 full days/ week | | <input type="checkbox"/> 2 (½) days/week | <input type="checkbox"/> Tuesday |
| <input type="checkbox"/> 3 full days/week | | <input type="checkbox"/> 3 (½) days/week | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> 4 full days/ week | | <input type="checkbox"/> 4 (½) days/week | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> 5 full days/ week | | <input type="checkbox"/> 5 (½) days/week | <input type="checkbox"/> Friday |

# Full days/ week	\$ Cost/ per session	# ½ days/ week	\$ Cost/ per session
5 Full days/ week	\$ 1500.00	(5) ½ days/ week	\$800.00
4 Full days/ week	\$ 1280.00	(4) ½ days/ week	\$690.00
3 full days/ week	\$ 1020.00	(3) ½ days/ week	\$560.00
2 full days/ week	\$720.00	(2) ½ days/ week	\$410.00
1 full day/ week	\$380.00	(½) day / week	\$240.00
Date:			



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Family Registration:

Child's name:

Date of birth:

School attending in SY 25-26:

Child's name:

Date of birth:

School attending in SY 25-26:

Child's name:

Date of birth:

School attending in SY 25-26:

Address:

Guardian/Father:	Address:	Cell: E-mail:
Guardian/Mother:	Address:	Cell: E-mail:

Questions: Marianne Culp (mculp@scbpschool.com)