



Now Sign Up Online!

Camp is open to students PreK to 5th grade!

WEEKS:

- Week 1 ... June 29 no camp on July 3
- Week 2 ... July 6
- Week 3 ... July 13
- Week 4 ... July 20
- Week 5 ... July 27
- Week 6 ... August 3
- Week 7 ... August 10
- Week 8 ... August 17

RATES:

Before Care:

7:30AM—9:00AM \$11.00 / day

Half Day:

9:00AM—1:00PM \$30.00 / day

Full Day:

9:00AM—3:00PM \$45.00 / day

After Care:

3:00PM—5:00PM \$13.00 / day

(Campers may want to bring an additional snack for After Care)

WEEKLY THEMES (campers will be grouped by age)

*Please note all students need to be fully potty trained.

Themes:

- | | |
|---------------------------|----------------------------|
| Week 1 Shark Week | Week 5 Out of this World |
| Week 2 Christmas in July | Week 6 A Wheelie Good Time |
| Week 3 Take Flight | Week 7 Monkeying Around |
| Week 4 The Great Outdoors | Week 8 Hawaiian Luau |

Additional daily activities include:

- Religion, Math, and Reading practice
- Crafts and activities
- Lego and building blocks
- Dot and Dash Robotics and Coding
- Planting and working in the school greenhouse
- Water activities and outdoor play



2020

Corpus Christi School
Summer Extension



	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Week 1 June 29th	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	NO CAMP
Week 2 July 6th	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care
Week 3 July 13th	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care
Week 4 July 20th	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care
Week 5 July 27th	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care
Week 6 August 3rd	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care
Week 7 August 10th	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care
Week 8 August 17th	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day <input type="checkbox"/> Before Care <input type="checkbox"/> After Care

Please use a separate form for each child.

Student Name: _____ Age: _____ Current Grade: _____

Parent/Guardian Names: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Contact Number: (H) _____ (W) _____ (C) _____

Emergency Contact Name: _____ Number: _____

(other than parent/guardian)

Allergies / Medical Information (if needed): _____