



ST. ALBAN'S 2026 SUMMER CAMP REGISTRATION

CHILD'S NAME _____ DATE OF BIRTH: _____

ADDRESS: _____ ZIP: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

CELL PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ EMAIL ADDRESS: _____

My child will attend the following sessions:

Please note each camp session is 2 weeks, except the first session which is only 1 week.

All sessions _____

(May 27th-July 30th)

Camp will be closed on June 19th and July 3rd

Session 1 _____	Session 2 _____	Session 3 _____	Session 4 _____	Session 5 _____
(May 27-June 5)	(June 8- June 18)	(June 22- July 2)	(July 6- July 17)	(July 20-June 30)

My child will attend camp on the following days:

(Minimum of 3 days)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

My child will attend camp for:

1. Camp only _____ (9:00am-12:00pm)
2. Extended Day _____ (7:00am-6:00pm)

Registration Fees (non-refundable):

\$75 new students _____ \$50 continuing students _____

**All fees must be paid before your child's first day of camp*

I give permission to St. Alban's personnel to apply sunscreen on my child. _____ (initial)

I give St. Alban's personnel permission to use Kirkland brand wipes on my child _____(initial)

I give permission for my child to go to Rooms 11/12, library & youth lounge _____(initial)

I give permission to St. Alban's personnel to use my child's image on:

Facebook _____(initial) School Website: _____(initial) lilio App: _____ (initial)

I understand I have to provide my email address and download the lillio app in order to receive all camp communications _____(initial)