

# Camp Info:

TSAS Summer Study Camp is an academic enrichment program for Kindergarten through 8th grade, providing a wide range of academic, creative and adventurous activities.

Campers will need to bring a sack lunch with drink; a snack and water. Campers must abide by the dress code as follows:

**Khaki Shorts/Pants/Skort**

**Navy Blue Polo Shirt or**

**St. Anthony Spirit Shirt**

**Sneakers**

**(no sandals/flip flops/crocks)**

All campers will participate in the  
St. Anthony

Behavior Management System

*Contact: Deborah Hardrick*

*214.443.1205, ext. 5*

*Email: hardrickcar@aol.com*



the **St. Anthony**  
School

2030 Denton Drive  
Carrollton TX 75006

the **St. Anthony**  
School



# SUMMER STUDY CAMP



**Summer 2010 Sign up now!**

**Kindergarten – 8th Grade**

**June 7th – July 1st**

# camp sessions

## Session I \$675

June 7th – June 17th

9:00 a.m. - 2:00 p.m.

## Session II \$675

June 21st – July 1st

9:00 a.m. - 2:00 p.m.

Camper may attend one week only at a cost of \$350.

A non-refundable deposit of \$300 is due by April 26th. The tuition balance must be paid in full by May 27th and is non-refundable after session begins.



# Daily Schedule

## Monday thru Thursday:

- 900 – 9:30 Community/Creative Writing/Social Skills
- 9:30-10:15 Reading For Success
- 10:15-10:30 Snack/Recess
- 10:30-10:45 Handwriting
- 10:45-11:30 Math Essentials & Enrichment
- 11:30-12:00 Lunch
- 12:00-12:30 Recess
- 12:30-1:30 Specials (Art/Music/Drama)
- 1:30 – 2:00 Science/ Social Studies / Health

## Weekly Field Trips

\$10-\$20 (in addition to tuition)

# Sports Camp 2:00 to 4:00 \$30 per day



# TSAS camp Registration

PLEASE CHECK SESSION ATTENDING:

Session: I \_\_\_ II \_\_\_

One Week Only: 1\_\_ 2\_\_ 3\_\_ 4\_\_

Sports Camp: # of days \_\_\_

Total Due: \$ \_\_\_\_\_

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

Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Payment Method: (3% Credit Card Fee)

Check (Payable to The St. Anthony School)

Visa  MasterCard  AMEX

Acct # \_\_\_\_\_

Name on card: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

In the event of an emergency, I give The St. Anthony School staff permission to seek medical assistance.

Parent Signature: \_\_\_\_\_