

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

214.443.1232

Email:

Debbie@thestanthonyschool.com



the **St. Anthony**
School

2030 Denton Drive
Carrollton TX 75006
www.thestanthonyschool.com

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School



SUMMER STUDY CAMP



Summer 2011 Sign up now!

Kindergarten – 8th Grade

June 6th – June 30th

camp sessions

Session I \$675

June 6th – June 16th

Mon-Thurs

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

Session II \$675

June 20th – June 30th

Mon-Thurs

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 25th. The tuition balance must be paid in full by May 23rd 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: _____