

Saint Philip the Apostle School's

CAMP FALCON

June 21-July 30

(Closed July 5)

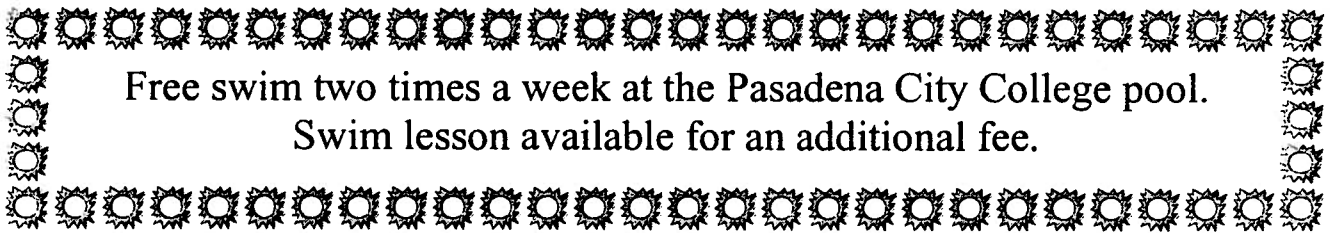
7:30 am to 6:00 pm

Directed by Mrs. Maggie Sayegh and Mrs. Jennifer Ramirez

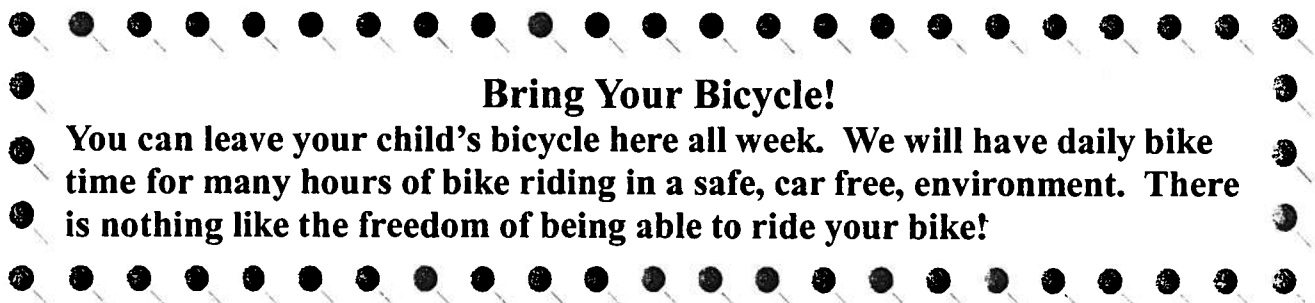
The goal of Camp Falcon is to provide a safe and fun environment for Kindergarten through 8th grade children. The camp is located on the grounds of St. Philip the Apostle School and makes use of all of the facilities including an air conditioned gym and parish hall, air conditioned rooms, a huge outside yard, courtyard, and play structure. The camp is staffed by college aged and older counselors. Many activities are planned for each day so that your child will go home happy and tired.

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- Field Trips**
- Disneyland
 - El Capitan Theater
 - Discovery Science Center
 - Medieval Times
 - Montrose Bowling

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- Weekly Clubs**
- Yoga Science Drama
 - Basketball Drawing
 - Crafts Badminton Photography
 - Board Games Trash Monster
 - Karaoke Hip Hop



Free swim two times a week at the Pasadena City College pool.
Swim lesson available for an additional fee.



Bring Your Bicycle!

You can leave your child's bicycle here all week. We will have daily bike time for many hours of bike riding in a safe, car free, environment. There is nothing like the freedom of being able to ride your bike!

**St. Philip the Apostle Camp Falcon
Registration Form for 2010
Please complete and return by June 10, 2010**

Child's Name	Grade Entering	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Mother's Last Name _____ First _____
 Home address: _____
 City _____ Zip _____ Home phone (____) _____
 Work Phone (____) _____ Cell Phone (____) _____

Father's Last Name _____ First _____
 Home address: _____
 City _____ Zip _____ Home phone (____) _____
 Work Phone (____) _____ Cell Phone (____) _____

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Weekly Rate:
 1 child \$200.00
 2 children \$370.00 (\$30 discount for second child)
 3 children \$500.00 (\$100 discount for three children)

Registration Fee \$100.00 per family (non refundable)

Please indicate the number of children attending each week

Weeks	Number of Children
1. 6/21-6/25	_____
2. 6/28-7/2	_____
3. 7/6- 7/9	_____
4. 7/12-7/16	_____
5. 7/19- 7/23	_____
6. 7/26- 7/30	_____

Prepaid Weeks \$ _____ (\$10 discount per week for first child **ONLY**
 when paid in advance of the start of camp)

Total amount paid \$ _____

I understand that for my child's safety the camp is staffed with one counselor per 7-8 children. For this reason I understand that I will be held financially responsible for the dates that I enroll my child/children regardless of whether or not they attend. I also understand that once the program starts I cannot withdraw from the weeks I have chosen.

Parents Signature: _____ Date: _____