



Little Flower Catholic School

## Blooming Kids Summer Camp

Little Flower is excited to offer an enriching and affordable summer camp for children ages 3-10 years old.

- Children do not have to currently attend Little Flower School.
- We offer full-summer (June and July), monthly, and weekly options, Monday through Friday from 8am-3pm.
- \*After care option may be available.
- Each child should bring their own lunch.
- If your child is over the age of 10 and you are interested in the camp, or you have other questions, please contact Mr. Andrew M Long at [along@littleflowerstl.org](mailto:along@littleflowerstl.org).

### Discounts and Fees:

- Registration Fees are included
- \*Aftercare will be available with advanced notice at an additional fee
- Please make checks payable to **Little Flower School**

**June 6-9<sup>th</sup>** Vacation Bible School from 8am-11am (Aftercare from 11-3)

**June 12-16<sup>th</sup>** We will be making arts and crafts and celebrating Father's Day!!

**June 19-23** Let's celebrate summer with water, sports, friends and fun!

**June 26-30** USA! Let's prepare to celebrate the 4<sup>th</sup> of July!

**No Summer Camp during the week of July 3-7<sup>th</sup>**

**July 10-14<sup>th</sup>** FRIENDS! This week we honor friendship while learning, dancing and playing games together!

**July 17<sup>th</sup>-21<sup>st</sup>** LET'S GO! GO! GO! This week we will explore, build and learn about transportation- all systems GO!!

**July 24-28<sup>th</sup>** Under the Sea- Let's learn about all things under water!



**Little Flower Catholic School**  
 1275 Boland Place  
 Richmond Heights, Missouri 63117  
 314-781-4995  
 314-781-9177 fax  
 littleflowerstl.org

**Registration Information**

**Please select either Option A, B, C or individual Weekly Sessions:**

- Option A: Full Summer June 6-July 28 \$750.00
- Option B: June 6-30 \$450.00
- Option C: July 10-28 \$335.00

**Weekly Sessions:**

- June 6-9 *Vacation Bible School* from **8am-11am** \$50.00
  - 11-3pm additional \$ 50.00
- June 12-16 \$115.00
- June 19-23 \$115.00
- June 26-30 \$115.00
- July 10-14 \$115.00
- July 17-21 \$115.00
- July 24-28 \$115.00

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Shirt Size \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Allergies/Special instructions for my child**

**Emergency Contact**

Name: \_\_\_\_\_

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

*In case of an emergency, I give permission for my child to receive medical treatment.*

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date