



SUMMER SCHOOL ENRICHMENT CAMP 2025

Don't let summer become a "brain-drain" for your children! Keep their minds active and their curiosity growing in a fun, engaging, and faith-filled summer day camp experience. We invite students entering Kindergarten through 8th Grade to join us for our Summer School Enrichment Camp – Summer Fun Program at St. Robert Catholic School!

Program Overview

Our six-week, full-day program blends academics and enrichment to keep students learning, exploring, and having fun all summer long!

Morning Session

Students will strengthen their skills in English Language Arts and Mathematics through creative lessons, educational projects, and time in the computer lab. Small reading groups will be formed to support comprehension and engagement using St. Robert's summer reading lists.

Afternoon Session

In the afternoons, students will dive into exciting enrichment activities including Art, Science, Cooking, Music, Computers, and Athletics. Each week will feature a special theme with field trips, guest speakers, or hands-on projects to make learning come alive!

Extended Day Program

For families needing additional care, we offer an optional Extended Day Program designed to keep students safe, engaged, and active.

- Morning Care: 7:30–8:30 a.m.
- Afternoon Care: 3:00–6:00 p.m.

A light snack is provided each afternoon.

Activities include arts & crafts, games, sports, and other fun educational projects.

For more information or to register, please contact:

Mr. Anthony Jackson

(916) 452-2111

ajackson@strobertschool.org



SUMMER SCHOOL ENRICHMENT CAMP 2025

PROGRAM POLICIES

Tuition & Registration:

To ensure a space for your child, please register early.

Registration is complete once the following four items are submitted: Registration Form, Parent Permission & Emergency Information Sheet, Registration Fee, and Tuition Payment. Please make checks or money orders made payable to St. Robert Catholic School. Families currently enrolled at St. Robert Catholic School may be billed through FACTS. Tuition must be submitted at the time of registration.

There will be no refunds for classes added or dropped after June 1.

Tuition will not be prorated due to time missed because of vacation or illness.

If there is space available, students may enroll at any time for the full tuition rate. Any changes to a student's existing schedule must be submitted in writing with a parent or guardian signature.

Non-refundable Registration Fee:

Before May 15, 2025: \$50 per student

After May 15, 2025: \$75 per student

Code of Conduct:

St. Robert Catholic School maintains a Christian environment. Students attending St. Robert Summer School are expected to behave in a manner that is consistent with the principles and values of St. Robert Catholic School. Guidelines are found in St. Robert School's Student Learning Expectations. These include: respectful treatment of all members of the community and ethical behavior including honesty, effort, and integrity.

Dress Code:

Parents are asked to ensure that clothes are in conformity with modesty, good taste and appropriateness. Students are to wear clothing that is neat, clean, with no holes, tears or rips. Clothing must not distract from the educational and Christian environment at St. Robert School. To view our complete dress code, please visit our website at www.strobertschool.org to download our Parent-Student Handbook.



Saint Robert Catholic School
Summer Program 2025 – Registration Form
Please print clearly – one form per student.

Student Name: _____

Parent/Guardian Name: _____

Relationship to Student: _____ Phone Number: _____

Address: _____

Please register my child for the following Program Option(s):

_____ 1 Week (\$225)

_____ 1 Week with Extended Day (\$250)

Circle the week your child will be attending:

June 2-6

June 9-13

June 16-20

June 23-27

June 30-3

July 7-11

_____ 3 Week package (\$675)

_____ 3 Week with Extended Day package (\$750)

Circle the weeks your child will be attending:

June 2-6

June 9-13

June 16-20

June 23-27

June 30-3

July 7-11

_____ 6 Week package (\$1,350)

_____ 6 Week with Extended Day (\$1,500)

June 2-July 11

_____ \$50 Early Registration (before May 15) *Waived if enrolling for 6-weeks.

_____ \$15 Program T-Shirt - **Order by May 1**

Please circle t-shirt size: YXS YS YM YL AS AM AL AXL

_____ \$75 Registration (after May 15 – no t-shirt)

_____ Total Cost of Tuition with Registration: _____

Payment Enclosed: _____



Saint Robert Catholic School
Summer Program 2025 – Emergency Form
Please print clearly – one form per student.

Student Name: _____
First MI Last

Address: _____
Number Street City State Zip Code

Phone Number: _____ Email Address: _____

School of Attendance: _____

Grade in Fall 2025: _____ Birthdate: _____

Parent/Guardian 1 Name: _____

Relationship to Student: _____ Phone Number: _____

Address: _____ Email: _____

Parent/Guardian 2 Name: _____

Relationship to Student: _____ Phone Number: _____

Address: _____ Email: _____

Student Release: The staff of Saint Robert Catholic School will not release a student to anyone who is not listed below:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Student Name: _____

Emergency Information/ Specific Medical Information/Conditions

In the event of an emergency, I, the undersigned parent/guardian of the child named on this form, hereby give permission to the Diocese of Sacramento, St. Robert Catholic School, and their employees, agents, representatives, and adult volunteers, to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician. I wish to be advised prior to any further treatment by the hospital or doctor.

Physician Name: _____ Physician Phone: _____

Health Plan Carrier: _____ Plan # _____

Dentist Name: _____ Dentist Phone: _____

Dental Plan Carrier _____ Plan # _____

In the event of an emergency, if you are unable to reach me at the numbers listed above, please contact:

Name: _____ Relationship: _____ Telephone # _____

My child is allergic to: _____ Medical Condition: _____

My child is currently taking the following medication(s), which he/she will bring on this activity, in well-labeled, original containers that include clear directions for dosage and frequency of use. I hereby give permission for a member of the school staff to administer the following medication(s):

Parent Agreement/Consent

I/we, the undersigned parents or guardians of the child participant named on this form give permission for my/our child's participation in the St. Robert Catholic School activity referred to on this form, and in addition to the Health/Medical Information Consent provisions that we have agreed to above:

- I/we agree to direct my/our child to cooperate and comply with all reasonable directions and instructions from school staff or adult volunteer leaders.
- I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in any St. Robert Catholic School activities, whether or not caused by the negligence of the school, diocesan or school program employees or agents, or volunteers or other participants.
- I/we understand that in the course of participating in St. Robert Catholic School activities, my/our child may engage in activity that carries a risk of injury to the body, psyche, or property of themselves and others. Such injuries can be caused by other persons, may be accidental or self-inflicted, or may arise from faulty equipment or facilities, existing conditions of recreational facilities, vehicle accidents while in transport during an activity, or through the activity itself.

Accordingly, in consideration for being permitted to participate in the activities of the St. Robert Catholic School Campus programs, to use the equipment provided, and to enter the premises and facilities of the Diocese of Sacramento, for any purpose including observation of and participation in activities, the undersigned parent or guardian, for him or herself and any successors in interest, and on behalf of the minor child, agrees as follows:

- To release, waive, discharge, and promise not to sue the Roman Catholic Bishop of Sacramento, a corporation sole, and its affiliated entities, employees, agents, and volunteers (the "Diocese") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche, or injury to property of the minor child, or to undersigned parent or guardian, whether caused by negligence or other conduct by the Diocese while the minor child, parent, or guardian is participating in St. Robert School activities or in, upon, or about the premises of the Diocese or any of its facilities or equipment.
- To indemnify and hold harmless the Diocese from any loss, liability, damage, or cost it may incur due to the presence of the minor child, parent, or guardian in, upon, or about the premises of the Diocese, its facilities or equipment, or while participating in any St. Robert School activities whether caused by the negligence of the Diocese or otherwise.
- That he or she has read this Consent Form and agreement and voluntarily signs it, and that no oral representations, statements, or inducements apart from the contents of this Form have been made.

I/we have read this Agreement and understand and agree to everything set forth above.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date