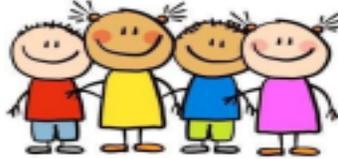




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ST. CHARLES BORROMEO PARISH SUMMER CAMP 2026



Session 1: June 22 - July 17, 2026

Session 2: July 20 - August 14, 2026

Hours: Monday - Friday (8-4)

-or-

$\frac{1}{2}$ day (8-12:00) or (12:00 - 4:00)

Ages: 4-7 (incoming pre-K 4 through incoming 2nd)

CAMP REGISTRATION will be open from 3/18 to 3/27 for students *currently registered at SCB for SY 2026-27* who are in the age range listed above.

Open registration for those not attending SCB (SY 26-27) will begin on 3/30. Registration will close once a session is full.

Direct questions to:

Mr. Joeram Nuarin (jnuarin@scbpschool.com)

Mrs. Marianne Culp (mculp@scbpschool.com)



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Registration Forms:

Please mail or drop off at the SCB school office or parish office.

A deposit **must accompany registration** to reserve a spot (payable to: SCB Summer Camp).

A registration fee of \$200.00 per family (non-refundable) will be applied to camp tuition.

Please indicate choices.

Days per week

_____ am or pm _____

Days attending:

_____ 1 full day/ week

-or- 1 (½) day/week

_____ Monday

_____ 2 full days/ week

2 (½) days/week

_____ Tuesday

_____ 3 full days/week

3 (½) days/week

_____ Wednesday

_____ 4 full days/ week

4 (½) days/week

_____ Thursday

_____ 5 full days/ week

5 (½) days/week

_____ Friday

# Full days/ week	\$ Cost/ per session	# ½ days/ week	\$ Cost/ per session
5 Full days/ week	\$ 1500.00	(5) ½ days/ week	\$800.00
4 Full days/ week	\$ 1280.00	(4) ½ days/ week	\$690.00
3 full days/ week	\$ 1020.00	(3) ½ days/ week	\$560.00
2 full days/ week	\$720.00	(2) ½ days/ week	\$410.00



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1 full day/ week	\$380.00	(½) day/week	\$240.00
Date:	Check: Please make payable to: SCB Summer Camp		Vacation time can be pro-rated. Please provide info when available.

Payment due: Session 1: April 28, 2026 Session 2: May 28, 2026

Please send payment to: SCB Summer Camp, 2500 Branch Pike, Cinnaminson, NJ 08077

ATTN: SCB Summer Camp Registration

Family Registration:

Child's name:

Date of birth:

Child's name:

Date of birth:

Address:

School attending in SY 25-26:

School attending in SY 26-27:

Guardian/Father:	Address:	Cell:
		E-mail:
Guardian/Mother:	Address:	Cell:
		E-mail:



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NAME: _____

SESSION 1: Vacation schedule

Vacation time: tuition will be prorated if identified at the time of registration.

\$200 (non-refundable fee - will be applied to tuition) due at registration to reserve a spot. Checks made payable to: SCB Summer Camp.

JUNE	JULY
WEEK 1: 6/22 - 6/26	WEEK 3: 7/6 - 10
WEEK 2: 6/29 - 7/2 (camp closed 7/3)	WEEK 4: 7/13 - 17



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NAME: _____

SESSION 2: Vacation schedule

JULY	AUGUST
WEEK 1: 7/20 - 7/24	WEEK 3: 8/3 - 8/7
WEEK 2: 7/27 - 7/31	WEEK 4: 8/10 - 8/14

Vacation time: Tuition will be prorated if vacation time is identified at registration.

Questions: Marianne Culp (mculp@scbpschool.com)