



Summer Day Camp - 2026

Holy Nativity Episcopal School

Registration Application

HNES Summer Day Camp (SDC) 2026

Dates: June 1 - July 31, 2026 (No Camp July 6 – 10)

Costs: **\$300** weekly rate for campers entering **Jr. Pre-K and Pre-K** (MUST Be Potty Trained)

\$350 weekly rate for campers entering **5K-5th grades**.

\$75 daily drop-in rate. Email Mrs. Stacy, Summer Day Camp Director, the day before to ensure enough supplies are available. There are some blackout dates for drop-ins. Please see the schedule below. * **See attachment for more information** *

Hours:

8:30 - 12:30 campers entering Jr. Pre-K and Pre-K (MUST Be Potty Trained)

8:30 - 3:30 campers entering K5- 5th grades

Registration Deadline: Monday, 5/11/2026

*** All Campers will be added to a list, and as applications are received, we will work towards accommodating everyone's camp selections. Choose the exact weeks of camp you are registering for so we can add your child to the correct themed weeks. Mrs. Stacy will contact families as we fill each available spot. There will be limited availability. ***

Summer Camp Fees and Registration (based on grade enrolled in for SY 26-27)

**** All Family Accounts must be current and in good standing to attend Summer Day Camp****

- **Registration Forms:** Available in the front office.
- **Camp Fees:**
 - A nonrefundable registration fee of **\$100** is due when signing your student up for HNES Summer Camp
 - Cancellation of reserved weeks AFTER 5/22/26 have a cancellation fee of **Half the weekly rate** per camper.
 - Cancellations must be emailed to Mrs. Stacy, at sshramek@hnes.us
 - Week 3 and Week 5 are short weeks and have reduced rates:
 - **\$250** weekly rate for campers entering **Jr. Pre-K and Pre-K**
 - **\$300** weekly rate for campers entering **5K - 5th grades**
- **Summer Day Camp Charges:** All Cash or Check payments **MUST BE PAID** on Monday each week in the front office between the hours of 8am - 2pm. Summer camp staff cannot accept payments.

**** If you wish to pay through the online **FACTS** System you **MUST register** your Summer Day Camp account by emailing the Business Office (businessoffice@hnes.us) by the registration deadline of **05/11/2026**. Your weekly Summer Day Camp Charges will be billed automatically in the system every Friday prior to the week beginning.**
- **Weekly BASE Charges:** All weekly Base charges are calculated by the end of the day Friday and must be paid the following Monday morning.
- **BASE Hours & Rates:**
 - **Jr. Pre-K and Pre-K students**
 - * 7:30 - 8:30: \$9.50 flat rate morning BASE
 - * 12:30 - 4:30: \$9.50 per hour
 - **K5 - 5th grade:**
 - * 7:30 - 8:30: \$9.50 flat rate morning BASE
 - * 3:30 - 4:30: \$9.50 flat rate

Weekly Themes: See attachment for details and special guest visits throughout Summer Camp.

Themed Movies: Please see attached list with themed movies and permission form provided by HNES.

HNES Summer Day Camp 2026 Additional Information

Drop off & Pick up: The back gate on Linda Ave will be used for Summer Camp drop off & pick up. Ring the doorbell or call **850-866-5979** and a Faculty member will assist you with your camper.

Camp Programs: To ensure everyone has a wonderful experience, we divide students into groups based on grade level and the number of registered campers.

Jr-PreK & PreK: Students **MUST BE** potty trained to attend summer camp but accidents can happen. Please send extra clothing for your child in a labeled Ziploc bag in their backpack should they need it.

Note: 3K- 4K Campers will have the option to nap between 12:30-2:15pm

What TO Bring Each Day:

- * Packed lunch - labeled with their name. **WE DO NOT HAVE ACCESS TO A MICROWAVE AT CAMP**
- * Snack for both the morning and afternoon
- * Refillable water bottles- labeled with their name
- * Closed toed shoes

What NOT to Bring: Electronic devices. Cell phones. Valuables. Toys from home. We have plenty of activities to keep your camper occupied, and HNES is not responsible for any lost or broken items.

Sunscreen: Please apply sunscreen every morning before dropping off your camper. Our Faculty cannot apply sunscreen to any camper.

Behavior and Student Conduct: All campers must follow Holy Nativity Episcopal School's expectations for behavior:

1. Respect each other both physically and socially
2. Respect the property belonging to either the school or another person.

Contact Information: During the summer, call 850-866-5979 for Summer Camp questions only. For all other inquiries call the front office at 850-747-0060 between 8:00 - 3:30, Monday-Thursday.

Any questions please contact Mrs. Stacy Shramek- Summer Camp Director at sshramek@hnes.us

Please fill out the attached registration forms and return to the Front Office along with the \$100.00 registration fee (checks payable to HNES and write Summer Camp Registration on the memo line). Please note: the registration fee is nonrefundable.



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Camper Name: _____

***If new to HNES, we will need a Medical permission/Liability Waiver for your child. These forms are available in the front office.**

Please select the weeks your child will be attending HNES Summer Day Camp 2026. Knowing how many campers are attending each week will ensure we have proper staffing.

__ **Week 1: June 1 - 5**

Theme: Bugs - exploring insects

Movie: *A Bug's Life* (1998 - Rated G)

__ **Week 2: June 8 - 12**

Theme: Under the Big Top Circus Fun

*Additional \$25 per camper due upfront on Monday for group guided painting with artist and special guest, Tanya Plyler

** No Drop-ins Allowed

__ **Week 3: June 15 - 19**

Theme: Land of the Lost

Movie: *Ice Age* (2002 - Rated PG)

__ **Week 4: June 22 - 26**

Theme: Police

* Daily guests from the Panama City Police Department

Movie: *Zootopia* (2016 - Rated PG)

__ **Week 5: June 29 - July 3**

Theme: Food is Fun with Kitchen Chemistry

* Must email Mrs. Stacy with allergies and special dietary needs before June 28.

No HNES Summer Camp July 6 - 10 in celebration of Independence Day

__ **Week 6: July 13 - 17**

Theme: Space Exploration

*Additional \$25 per camper due upfront on Monday for group guided painting with artist and special guest, Tanya Plyler

** No Drop-ins Allowed

__ **Week 7: July 20 - 24**

Theme: Robotics

* MS Robotics

Movie: *The Wild Robot* (2024 - Rated PG)

__ **Week 8: July 27 - 31**

Theme: Summer Fun

* Special guest

Allergies: Please list if your camper has any food allergies as we provide a special snack each week that goes along with the weekly themes.

Weekly Movies: Please see attached yellow sheet. You must email Mrs. Stacy at sshramek@hnes if you do **not** wish for your child to participate.

SDC Movie Permission Form

Dear Parents,

As part of our weekly themes for Summer Day Camp 2026, we have selected the following movies for students to enjoy:

- **Week 1 - June 5**

Theme: Bugs

A Bug's Life (1998-Rated G)

- **Week 3 - June 18**

Theme: Land of the Lost

Ice Age (2002-Rated PG)

- **Week 4 - June 26**

Theme: Police

Zootopia (2016-Rated PG)

- **Week 7 - July 24**

Theme: Robotics

The Wild Robot (2024-Rated PG)

If you prefer that your child not watch a scheduled movie, please notify Mrs. Stacy by emailing sshramek@hnes.us, and we'll make alternate arrangements.

Otherwise, we will assume that your child has permission to participate.

Thank you!



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Student Information:

FIRST Name **LAST Name**

Grade Completed: _____ Birthday: _____ Home Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Parent Information:

Father's Full Name: _____ Work Phone: _____

Email: _____ Cell: _____

Mother's Full Name: _____ Work Phone: _____

Email: _____ Cell: _____

Emergency Contacts:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Medical Information:

Child's Allergies: _____

Prescription medication* (to be given at school): _____

May we treat minor cuts, scrapes and insect bites? YES or NO (Please circle one)

Over the counter medications may be given (Tylenol, Ibuprofen, antacids)? YES or NO

May we apply sunscreen/sun block? YES or NO

Other Medical Instructions: _____

Your child will only be released to the authorized person(s) listed below:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

I, the undersigned, do hereby understand that the Holy Nativity Episcopal School Summer Camp Program may request picture identification in order to release my child. The Holy Nativity Camp Program will not release any child to anyone who is unable to produce identification and who is not listed above as an authorized sign out person. I understand that this policy is for the safety of my child.

The signature on this application designates the person accepting full financial responsibility for the child while he/she is enrolled at the Holy Nativity Episcopal School Summer Day Camp 2026.

Signature: _____ Date: _____

For office use only:		
Date registration fee paid _____	Amount _____	Cash/Ck # _____
Non-HNES Student - Sponsor Family is: _____		

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MEDICAL PERMISSION/LIABILITY WAIVER

I hereby authorize the staff of Holy Nativity Episcopal School Summer Day Camp to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all negligence and liability for any injuries or illnesses incurred while at camp. I understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such costs. I further understand that I am required to maintain and carry accident insurance coverage for the camper listed on this application, and verify that the coverage information is accurate and true. I have no knowledge of any physical or mental impairment that would be affected by the above named camper's participation in the camp program as outlined in the information packet. I also understand the camp retains the right to use photographs of campers taken at camp for publicity and advertising purposes.

Student Name (Please Print): _____

Parent or Guardian's Name (Please Print): _____

Parent or Guardian's Signature: _____

Physician Preference: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Insurance Provider: _____

In witness of our consent and agreement to the matters stated above, we have subscribed our signature below.

DATE _____
_____ *Signature of Parent/Guardian*

STATE OF FLORIDA, COUNTY OF BAY

The foregoing instrument was acknowledged before me by _____
(name of person acknowledging)
who is personally known to me or who has produced _____ as
(type of identification)
identification.

SUBSCRIBED and sworn to, before me, a Notary Public, this _____ day of _____ 20____.

My commission expires

Notary