

Child's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

1st Parent/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_

2nd Parent/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Allergies? \_\_\_\_\_

Special Needs? \_\_\_\_\_

Is your child on any maintenance medication? \_\_\_\_\_ If yes what \_\_\_\_\_

**Person to contact in emergency and authorized to pick my child up from Summer Camp (please print names):**

Name \_\_\_\_\_ Phone #'s \_\_\_\_\_

Name \_\_\_\_\_ Phone #'s \_\_\_\_\_

I give my permission to Summer Camp staff to administer and/or secure emergency medical treatment for my child. I give my permission for my child to participate in water activities on the school grounds. I give my permission to persons authorized by the Summer Camp to take pictures of my child. I understand that these pictures will be used for camp projects, or in the parish newsletter for the purpose of Summer Camp publicity. Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Check Each Week Requested:** Hours of operation 7:30am-5:30pm (Registration is by full week only)

- \_\_\_ 1: May30 –June 2 \$140.00
- \_\_\_ 2. June 5 - 9 \$110.00/175.00\*  
\*(VBS 6/5-8 - hours 12-5:30. 6/9 hours 7-5:30)
- \_\_\_ 3. June 12 - 16 \$175.00
- \_\_\_ 4. June 19 - 23 \$175.00
- \_\_\_ 5. June 26 - 30 \$175.00
- \_\_\_ 6. July 3-7 \$140.00 (closed 7/4)
- \_\_\_ 7. July 10 - 14 \$175.00
- \_\_\_ 8. July 17– 21 \$175.00
- \_\_\_ 9. July 24-28 \$175.00

**Notification of Acceptance**

Camp acceptance will be verified by email. Payment for the weeks registered in June will be due on the camper's first day in June, **along with current\* immunization form**. Camp payment for the weeks registered in July will be due on the camper's first day in July.

\* immunization forms are not necessary if you attended last year and they are still up to date

**Cancellations and Changes**

Cancellations or date changes will be accepted up to two weeks prior to the requested session. **Camp fees will still be required if change occurs less than two weeks prior to the session. The registration fee and the first week advance payment are NON-REFUNDABLE.**

\_\_\_\_\_ I have reviewed Summer Camp policies and procedures as found in the 2017 Parent Handbook.

\_\_\_\_\_ I have turned in a current immunization record to the Camp Director.

**Complete Registration Must Include:**

1. Application
2. \$30 Registration fee & 1 week's camp fee (NON-REFUNDABLE)

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Children that have not entered Pre-k will not be eligible for VBS, so camp will be 7-5:30 for this age group. Camp will start at 12:00 for all other ages regardless of their enrollment in VBS.