

Summer 2016 Camp Registration

Camp Hours: (Full Day) 7:30 AM - 5:30 PM, (Part-Time) 8:00 AM - 12:00 PM

Open to children entering PK4 in September 2016 and older.

A form must be completed for each child enrolling in summer camp.

*****FORM DUE APRIL 22ND*****

Balance due in full by Friday, June 10, 2016.

Family Name: _____

Child's Name: _____

Please check all that apply:

Week 1: June 20 - 24	<input type="checkbox"/> Full Days (\$200)	<input type="checkbox"/> Part-Time (\$110)
Week 2: June 27 - July 1	<input type="checkbox"/> Full Days (\$200)	<input type="checkbox"/> Part-Time (\$110)
Week 3: July 5 - 8	<input type="checkbox"/> Full Days (\$160)	<input type="checkbox"/> Part-Time (\$85)
Week 4: July 11 - 15	<input type="checkbox"/> Full Days (\$200)	<input type="checkbox"/> Part-Time (\$110)
Week 5: July 18 - 22	<input type="checkbox"/> Full Days (\$200)	<input type="checkbox"/> Part-Time (\$110)

Full Days: \$200/week (\$160 for July 5 - 8)

Part-Time*: \$110/week (\$85 for July 5 - 8)

*Part-time children are welcome to stay for a full day for special activities for an additional fee of \$20. ***Sign up for all 5 weeks and receive a \$50 discount***

Parent/Guardian Information

Parent/Guardian Information

Name

Name

Relationship to Camper

Relationship to Camper

Address

Address

City, State Zip

City, State Zip

Home Phone

Cell Phone

Home Phone

Cell Phone

Work Phone

Work Phone

Place of Employment

Place of Employment

Working Hours

Working Hours

Physician to call in an Emergency

Phone

Hospital to call in an Emergency

Phone

Treated for any illnesses in the past year? If yes, please describe. _____

Please list any current medications _____

Is it necessary to have any medication at summer camp (medications must be in their original container and be accompanied by a doctor's note)? _____

Allergies to medication (please list): _____

Allergies to bees/insects: _____ Reaction: _____

Allergies to foods: _____ Reaction: _____

Asthma? _____ Other Chronic Illness: _____

*****Please complete the reverse side of this form*****

**Saint Thomas the Apostle School Summer Camp
Camper Release Designation**

Student's Name _____

In case neither parent/guardian can be reached, please provide the following information regarding the name of a local person(s) who would be available and responsible for the student listed above.

The above named student may be released to this person(s) **without contacting me.**

1.	_____	_____	_____	_____
	Name	Relationship	Home Phone	Cell
2.	_____	_____	_____	_____
	Name	Relationship	Home Phone	Cell
3.	_____	_____	_____	_____
	Name	Relationship	Home Phone	Cell

I, Parent/Guardian (circle one), hereby designate the above person(s) into whose custody Saint Thomas School may release this student. I understand that the school may release this student to the person(s) listed above in the event I cannot be reached in advance.

Signature of Parent or Guardian

Date