

Summer 2014 Camp Registration

Camp Hours: 7:30 AM -5:30 PM M-F

\$210 per week • \$168 per week for the week of July 1 – 5 (closed July 4th)

Camp is open to students entering Kdg. – Gr. 6 in the fall of 2014

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

One (1) week's tuition is due at the time of registration. Balance due in-full by June 13, 2014

Family Name: _____ **Child's Name:** _____

Please circle all sessions that apply

Session 1: Monday, June 30 – Thursday, July 3 (Closed July 4th)

Session 2: Monday, July 7 – Friday, July 11

Session 3: Monday, July 14 - Friday, July 18

Session 4: Monday July 21 - Friday, July 25

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 Mother, /Father or /Guardian

Date