2021 SUMMER CAMPS

at St. Thomas the Apostle School

OPEN TO CHILDREN ENTERING PK4 - GR. 8

Full-Day
7:30am-5:30pm
$200/wk.
Includes morning & afternoon snack.

Part-Time
8:00am-12:00pm
$110/wk.
Includes morning snack.

Campers will participate in theme-based activities, arts and crafts, indoor and outdoor play daily. Full day campers will also have daily reading time and water play! Summer Camp runs for three weeks, each week having a different theme. Sign up for one, two or all three weeks!

Carnival Week

July 12th - 16th

(Camp Directors: Austin Coons and James Angermeier)

Olympic Week

July 19th - 23rd

(Camp Directors: Austin Coons and James Angermeier)

Disney/Hawaiian Week

July 26th - 30th

(Camp Directors: Austin Coons and Kim Rucinski)

All children participating in the camps listed above will need extra masks, a water bottle, sunscreen, and sneakers; full day campers will also need bathing suit, towel, reading book and lunch. All items should be labeled!

St. Thomas the Apostle School
42 Adams Place, Delmar, NY 12054
518-439-5573 stthomas-school.org

SPACE IS LIMITED

Please return the attached Registration Form and Medical Consent Form by May 21st.

Camps are open to all students, not just St. Thomas students!

(Children must be potty trained.)

Summer 2021 Camp Registration

FORM DUE WITH PAYMENT BY MAY 21st

Please refer to flyer for important camp information.

Child's Name: _____ **Child's Grade 2021-22:** _____

Please check off the camp(s) the above-named child will attend.

Carnival Week: July 12 - 16 ❑ Full Days ($200) ❑ Part-Time ($110)

Olympic Week: July 19 – 23 ❑ Full Days ($200) ❑ Part-Time ($110)

Disney/Hawaiian Week: July 26 – 30 ❑ Full Days ($200) ❑ Part-Time ($110)

Full Day: 7:30 a.m. – 5:30 p.m.
Part-Time: 8:00 a.m. – 12:00 p.m.

If your child is not a current St. Thomas the Apostle School student, please submit their Physical Form and Immunization Record along with this form.

Parent/Guardian Information

Name

Relationship to Camper

Address

City, State Zip

Home Phone Cell Phone

Work Phone

Email

Place of Employment

Working Hours

Physician to call in an Emergency Phone

Parent/Guardian Information

Name

Relationship to Camper

Address

City, State Zip

Home Phone Cell Phone

Work Phone

Email

Place of Employment

Working Hours

Hospital to call in an Emergency Phone

This form is 2-sided. Please complete both sides.

Medical Information

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: _____

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

St. Thomas School

St. Thomas the Apostle School
42 Adams Place • Delmar, NY 12054
518-439-5573 (ph) • 518-478-9773 (fax)

Summer Camp 2021

Medical Consent, Permission and Release Form

Student Name: _____ 2021/22 Grade: _____ Date: _____

I, _____, am the parent or guardian of the above-named student. I hereby authorize the employees, representatives and chaperones of St. Thomas the Apostle School Summer Camp, Delmar, NY to obtain emergency medical treatment, should it be necessary during my child's attendance and participation in any of the activities which are held during the 2021 Summer Camp Program. I understand that I will be notified immediately should it become necessary to obtain emergency treatment. In the event of an emergency, I may be reached at:

_____	_____	_____
Home	Work	Cell

If in the event of an emergency, a representative of St. Thomas the Apostle School is unable to contact me, please contact the following person(s):

_____	_____	_____
Name	Relationship	Telephone
_____	_____	_____
Name	Relationship	Telephone

I consent and give permission for my child's participation and attendance in this activity. In consideration of my child's attendance and participation, I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages I may have against St. Thomas the Apostle School, Church of St. Thomas the Apostle, The Roman Catholic Diocese of Albany, New York, their representatives, chaperones, employees, successors and assigns arising out of any and all injuries by my child while participating in this activity.

_____ _____
Signature of Parent/Guardian Date

This section to be completed by the student & parent

As a student, I understand and agree to follow the rules and regulations as determined by St. Thomas the Apostle School, St. Thomas the Apostle Parish, and the Diocese of Albany for this activity. I also understand and agree that I will notify my parent or guardian at the time of any violations requiring my dismissal from the activity and that I will be sent home at my own and/or my parent's/guardian's expense.

_____	_____	_____	_____
Student	Date	Parent/Guardian	Date