

St. James 2017 Summer Camp Registration

A \$50.00 deposit (per Family) is due upon registration to ensure your child's space

Child's Name: _____ Age: _____ DOB: _____

Enrolled: Full Time (4 or 5 Days) _____ or Part Time (2 or 3 Days) _____

Mother's Name: _____

Address: _____ Cell Phone #: _____

Place of Employment: _____ Work Phone #: _____

Father's Name: _____

Address: _____ Cell Phone #: _____

Place of Employment: _____ Work Phone #: _____

If we need to call a parent during the day we should call _____ at this number:

_____. Mom or Dad

Child lives with: Mom: _____ Both: _____

Dad: _____ Other: _____

If other:

Name: _____

Address: _____

Phone Number: _____

Emergency Contacts:

If parents cannot be reached, these people are also allowed to pick up my child from camp if necessary:

Name: _____

Relationship: _____ Phone #: _____

Name: _____

Relationship: _____ Phone #: _____

Name: _____

Relationship: _____ Phone #: _____

The following people **MAY NOT PICK UP MY CHILD:**

Name: _____

Relationship: _____ Phone #: _____

Family Physician: _____

Phone #: _____

Name of Health Insurance: _____

Group or Policy #: _____

Does your child have any allergies, physical limitations, or require any medications that we should be aware of? If yes, please briefly explain:

Does Summer Camp staff have permission to give your child, age 5 and up, Tylenol, Children's Tylenol, Pepto-Bismol, throat drops and/or cough drops (or generic equivalent)?: **YES NO**

Special Notes:

We are also required to have a **current, immunization certificate** on file for each child enrolling.

The health history of the child named above is correct as far as I know, and the child has permission to engage in all camp activities and field trips as noted by me. In the event of a medical emergency where I cannot be reached, I hereby give permission for my child to be transported, if necessary, to the nearest emergency care facility for proper medical attention and treatment.

Parent/ Guardian Signature

Date

I understand that payment for Summer Camp **is due EVERY FRIDAY** for that week, or whatever is the last day of the week for my child.

Parent/ Guardian Signature