

St. James 2018 Summer Camp Registration

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

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

Days of Attendance: Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

Mother's Name: _____

Address: _____ Cell Phone #: _____

Place of Employment: _____ Work Phone #: _____

Email: _____

Father's Name: _____

Address: _____ Cell Phone #: _____

Place of Employment: _____ Work Phone #: _____

Email: _____

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

_____. Mom or Dad or Other _____

Child lives with: Mom: _____ Both: _____ If other: Name: _____

Dad: _____ Other: _____ Address: _____

Phone Number: _____

Email: _____

Emergency Contacts:

If parents cannot be reached in an emergency situation (illness, injury, or etc.), these people are also allowed to pick up my child from camp in an emergency situation if necessary:

Name: _____

Relationship: _____ Phone #: _____

Name: _____

Relationship: _____ Phone #: _____

Additional Approved Adults for Picking Up Only:

Name: _____

Relationship: _____ Phone #: _____

Name: _____

Relationship: _____ Phone #: _____

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

Name: _____

Name: _____

Do Not Forget to Fill Out the Back!

Family Physician Name and Phone #: _____

Name of Health Insurance: _____

Group or Policy #: _____

Preferred Hospital: _____

Do you give St. James Summer Camp permission to act as a medical proxy for your child if the situation may arise? Please initial by your answer. Yes _____ No _____

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

Please Initial After the Following Statement: I understand that there is a fish tank on the main floor, and I recognize that the children do not have any interaction with the fish tank other than standing by it and looking at the fish. _____

Please Place a Check Mark by the Week Your Child will be Attending:	
1. Tuesday May 29 th - June 1 st : _____	2. Monday June 4 th – June 8 th : _____
3. Monday June 11 th – June 15 th : _____	4. Monday June 18 th – June 22 nd : _____
5. Monday June 25 th – June 29 th : _____	6. Monday July 2 nd – July 6 th : _____
7. Monday July 9 th – July 13 th : _____	(Closed on July 4 th)
8. Monday July 16 th – July 20 th : _____	9. Monday July 23 rd - July 27 th : _____

Payment **is due EACH Monday** for the upcoming Camp week.

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

We are also required to have a **current, original 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