

St. James 2019 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 someone 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. _____

Week		Mark If Attending	Week		Mark If Attending
1	May 28th-May 31st		6	July 1st- July 5th	
2	June 3rd-June 7th		7	July 8th-July 12th	
3	June 10th-June 14th		8	July 15th-July 19th	
4	June 17th-June 21st		9	July 22nd-July 26th	
5	June 24th-June 28th		We are closed on July 4th.		

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

A \$50.00 Registration Fee (per Family) is due upon enrollment.

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