

St. John's Summer Camp 2018



Camper Information and Contract

Child's Name: _____

Male _____ Female _____ Birthdate: _____ Age: _____

Address: _____

Phone Number: _____

Current School: _____ Grade in Fall 2018: _____

Child lives with: Both Parents _____ Mother _____ Father _____ Other _____

Mother/Guardian

Name: _____

Address (if different than child's): _____

Work Number: _____ Cell number: _____ Texting okay? Y N

E-mail: _____

Father/Guardian

Name: _____

Address (if different than child's): _____

Work Number: _____ Cell number: _____ Texting okay? Y N

E-mail address: _____

Brothers/Sisters Also Attending Camp

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Emergency Contact (in case parents/guardians can't be reached)

Name: _____ Relationship to child: _____

Phone numbers: _____

Drop Off and Pick Up

All campers must be signed in and out each day by an adult. The door on Lavergne ("Extended Care's door") will be used for drop off and pick up. These doors will remain locked for the safety of all campers. Please use the buzzer to be let in. ***If you are late (after 6:00pm) to pick your child up, you will be charged \$5 for the first 10 minutes and \$1 a minute thereafter.***

A photo ID will be required upon pick up for anyone the staff does not recognize/know. Anyone, other than the parents/guardians, not listed below will NOT be allowed to pick up your child(ren) unless written permission from the parent/guardian is given to the camp director prior to pick up. Please keep in mind these rules are for the safety of your child(ren) and not meant to cause any inconvenience to anyone.

Persons ALLOWED to pick up my child(ren): _____

Child's Health Information

Allergies/food restrictions: _____

Medications your child takes: _____

Physical/ health restrictions/limitations: _____

Please list anything else you would like us to know about your child here: _____

Primary doctor's name: _____ Phone: _____

<p>My child will attend the following weeks/days: (Please check the days/weeks for which you are registering.) Since expenses are incurred based on the number of campers registered, you will be responsible for payment for all weeks registered even if not attended. An exception may be made in the event of an extended illness.</p>					
Week	5 Day	3 Day T, W, Th	Week	5 Day	3 Day T, W, Th
All 10 weeks	___ \$195/175 per week	___ \$120/105 per week	___ I have made other attendance arrangements with the camp director.		
1: June 11th-15th	___ \$195/175	___ \$120/105	6: July 16th-20th	___ \$195/175	___ \$120/105
2: June 18th-22nd	___ \$195/175	___ \$120/105	7: July 23rd-27th	___ \$195/175	___ \$120/105
3: June 25th-29th	___ \$195/175	___ \$120/105	8: July 30th-Aug. 3rd	___ \$195/175	___ \$120/105
4: July 2nd-6th <small>*No camp Wednesday, 7/4/18</small>	___ *\$160/140	___ *\$80/70	9: Aug. 6th-10th	___ \$195/175	___ \$120/105
5: July 9th-13th	___ \$195/175	___ \$120/105	10: Aug. 13th-17th	___ \$195/175	___ \$120/105
<p>Please circle your camper's shirt size: Youth: S M L Adult: S M L XL</p>					

How did you hear about St. John's Summer Camp?

___ Current St. John's Family ___ Previously attended camp ___ St. John's website ___ Facebook Ad
 ___ Facebook shared post ___ Banner outside school ___ other _____

Emergency Permission

I understand that in case of an emergency, staff will make every effort to contact parents first and then the emergency contacts. If parents/guardians or emergency contacts cannot be reached, I hereby authorize the school to take necessary emergency action.

As a parent/legal guardian I authorize the treatment of the named minor by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger named minor's life, cause physical disability or undue discomfort if delayed. This release form is signed freely for the sole intention of authorized medical treatment under emergency circumstances in my absence.

Photo Permission

I give permission for pictures of my child, taken during summer camp, to be used (please check all that apply):
 ___ on the school's website ___ in the school's newsletter ___ in future ads for summer camp

General Permission

I hereby give my child permission to participate in any camp sponsored activity. This may be in the form of tours, field trips, walks to the park or library, sports activities or other educational excursions. Since the activities will be publicized in advance, I realize I have the privilege to withdraw this permission in writing where I deem it best.

I have read the parent information sheet and contract and agree to abide by these policies.

I understand that my enclosed deposit is non-refundable and non-transferable.

I understand that there is no camp on 07/04/2018.

I understand that the weekly payment plan payments are due by 9:00 am on the first day of the week of attendance.

I have read and understand the late pick-up policy and fees.

I understand I am financially responsible for the weeks my camper is registered whether or not they attend.

Parent signature: _____ Date: _____