

St. John's Summer Camp

CAMPER INFORMATION AND CONTRACT

Child's Name _____

Male _____ Female _____ Birthdate: _____ Age: _____

Address: _____

Phone Number: _____

Current School: _____ Grade in Fall 2020: _____

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

Mother/Guardian

Name: _____

Address (if different than child): _____

Work Number: _____ Cell Number: _____

Email: _____

Father/Guardian

Name: _____

Address (if different than child): _____

Work Number: _____ Cell Number: _____

Email: _____

Brothers/Sisters Also Attending Camp

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Emergency Contact (in the event that parents cannot be reached)

Name: _____ Relation to child: _____

Phone numbers: _____

Drop Off and Pick Up

Drop Off and Pick Up is at Door #6 on Lavergne Avenue. You will need to ring the bell as these doors are locked to ensure your child's safety. **Campers must be signed in at drop off and signed out at pick up.**

PERSONS ALLOWED TO PICK UP CHILD (OTHER THAN PARENTS/GUARDIANS LISTED ABOVE

NAMES _____

A photo ID will be required upon pickup for anyone the staff does not recognize/know. For the safety of your child, anyone other than parents/guardians or persons listed above will not be allowed to pick up your child unless written permission from the parent/guardian is given to the camp director prior to pick up.

CHILD’S HEALTH INFORMATION

ALLERGIES/FOOD RESTRICTIONS _____

MEDICATIONS BEING TAKEN _____

PHYSICAL/HEALTH LIMITATIONS _____

PRIMARY DOCTOR’S NAME _____ PHONE _____

MY CHILD WILL ATTEND CAMP THE FOLLOWING WEEKS. PAYMENT IS DUE BY THE DATE INDICATED. FAILURE TO MAKE PAYMENT BY TIME INDICATED WILL RESULT IN YOUR CHILD BEING EXCLUDED FROM CAMP,

WEEK	FIVE DAY Per Child	THREE DAY (T, W, TH) Per Child	PAYMENT DUE DATE
1. June 15 - 19	___\$250	___\$150	June 12
2. June 22 - 26	___\$250	___\$150	June 19
3. June 29 – July 2	___\$200	___\$150	June 26
4. July 6 - 10	___\$250	___\$150	July 3
5. July 13 - 17	___\$250	___\$150	July 10
7. July 20 - 24	___\$250	___\$150	July 17
8. July 27 – 31	___\$250	___\$150	July 24
9. August 3 - 7	___\$250	___\$150	July 31
10. August 10 - 14	___\$250	___\$150	August 7

***Families who would like to make other payment arrangements must speak with St. John’s Principal.**

Emergency Permission

I understand that in case of 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(s) 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. The release form is signed freely for the sole intention of authorized medical treatments under emergency circumstances in my absence.

Photo Permission

I give my permission for pictures of my child, taken during summer camp, to be used (check all that apply)
 _____ St. John’s Website _____ St. John’s Newsletter _____ future ads for summer camp

General Permission

I hereby give my child permission to participate in all camp sponsored activities. Parents may withdraw their child from a specific activity through written request. I have read the parent information sheet and agree to abide by these policies. I understand the payment schedule and will abide by it. I understand that there is no camp on July 4 – 5. I understand and will abide by the weekly payment plan. I understand the drop off and pick up procedures.

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR THE WEEKS I REGISTER MY CHILD FOR CAMP.

Parent Signature: _____ Date: _____

PLEASE TELL US HOW YOU HEARD ABOUT CAMP: