

# St. Raphael's Summer Camp 2017 Registration and Emergency Form

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Grade in 2016-2017: \_\_\_\_\_  
Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Grade in 2016-2017: \_\_\_\_\_  
Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Grade in 2016-2017: \_\_\_\_\_

Home/Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How did you find out about our Camp? \_\_\_\_\_

## Emergency Information: (Please fill out carefully and completely)

Who has custody of child? \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Bus. Location: \_\_\_\_\_ Bus. Location: \_\_\_\_\_  
Bus. Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Additional Emergency Contacts: **(Must be local and must list at least two contacts)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Additional Phone #: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Additional Phone #: \_\_\_\_\_

I also authorize the following people to remove my child from the camp: \_\_\_\_\_  
\_\_\_\_\_

The following persons **MAY NOT** remove my child from the camp: \_\_\_\_\_  
\_\_\_\_\_

*Please forward any custody or visitation papers to the Director if necessary.*

Special instructions/allergies/medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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My child can swim independently without the assistance of swim aids: YES NO

Explain, if necessary: \_\_\_\_\_

I give permission for my child to use the: diving board slides. (Please check one or both to give permission. *Your child will not be permitted on the diving board or slides without your approval.*)

(Please initial) Yes \_\_\_\_\_ No \_\_\_\_\_

In case of emergency, I understand that my child will be taken to the nearest hospital.

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Registration Information:

My child(ren) will be attending Summer Camp:

\_\_\_\_\_ Full-Time (4-5 days per week)

\_\_\_\_\_ Part-Time (1-3 days per week) *Mondays, Wednesdays, and Fridays only.*  
*No Tuesdays or Thursdays*

Hours of Attendance (approximate): Drop-off at \_\_\_\_\_ am / Pick-up at \_\_\_\_\_ pm

Registration Fees: \$50.00 per family (*non-refundable and due at time of registration*)

(Registration fee does NOT include camp T-shirt)

Fees and payment agreement on attached sheet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Office Use Only</u>
Rec'd _____
Ck. # _____
\$ _____

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## Fees and Payment Agreement

**Registration Fee:** \$50.00 per family (*non-refundable and due at time of registration*)

**Weekly Fees:**

Full Time = \$150.00 per week (\$130.00 per week for siblings) (4-5 days per week)

Part Time = \$35.00 per day, per child on Mondays, Wednesdays, or Fridays (No Tuesdays or Thursdays)

My child(ren) will be attending: (Choose one)                      **Full Time**                      **Part Time**

Please indicate special attendance requests (e.g. Vacation days, hours of attendance, etc.):

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Please circle days/weeks of attendance. This must be completed to guarantee space for your child.

	<b>JUNE</b>				
	<b>M</b>	<b>T</b>	<b>W</b>	<b>R</b>	<b>F</b>
Week 1:	5	6	7	8	9
Week 2:	12	13	14	15	16
Week 3:	19	20	21	22	23
Week 4:	26	27	28	29	30

	<b>JULY</b>				
	<b>M</b>	<b>T</b>	<b>W</b>	<b>R</b>	<b>F</b>
Week 5:	3	X	5	6	7
Week 6:	10	11	12	13	14
Week 7:	17	18	19	20	21

By registering my child for Full Time attendance, I am agreeing to accept responsibility for the full payment amount of the weeks I have registered for regardless of attendance. A 5% discount will be offered to anyone wishing to pay the full amount\* by June 5, 2017. (\*This is applicable only to those families registered for 5 weeks or more.) (Registration fee and t-shirts *may not* be included in this amount.)

All Part-Time Campers will be required to identify what days/weeks they will be attending at the time of registration and are responsible for payment for those days scheduled regardless of attendance. Payment is due on the day of attendance. (Additional days may be added depending on availability.)

Release of payment agreement will be considered on an individual basis under extreme circumstances upon request to the director.

*I agree to make payments following the fee schedule outlined above. Payments will be made payable to St. Raphael's and will be made each Monday beginning the week my child will attend summer camp. I understand that chronic late payments or payments over 10 days delinquent may be cause for my child's dismissal from the program.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# St. Raphael's Summer Camp 2017 Registration and Emergency Form

## PARENTAL PERMISSION

EVENTS: All Summer Camp field trips and swimming at the City Pools

INFORMATION ABOUT MY CHILD: (Please print)

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

MEDICAL INFORMATION: Please list all information pertaining to allergies, diet, special medication, health conditions, or any other information necessary in an emergency. Explain fully:

\_\_\_\_\_

\_\_\_\_\_

## CONSENT AND RELEASE:

GENERAL: I hereby request and give my permission for my child to participate in the above event(s). I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my child. I, individually and on behalf of my child named above, do hereby release, covenant not to sue, and save harmless; The Most Rev. Gregory Parkes, Bishop of the Diocese of St. Petersburg, the above named Parish/School, the Summer Camp; and the employees, agents and volunteers for the event, from any and all claims for any and all harm arising to my child as a result of their participation in this event.

MEDICAL: I request the Parish/Camp representatives obtain medical treatment for my child in the unlikely event of injury or illness during the event(s) and I agree to pay any expenses incurred for such treatment.

TRANSPORTATION: I request and give my permission that my child ride as a passenger in a bus procured for use in the Summer Camp Program.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Parent/Guardian: (Please print name) \_\_\_\_\_

# St. Raphael's Summer Camp 2017 Registration and Emergency Form

## T-SHIRT ORDER FORM

CAMPER'S NAME: \_\_\_\_\_

Parents,

It is the policy of St. Raphael's Summer Camp to require all campers and staff to wear camp shirts on every Thursday field trip. This is for the safety of your child and helps us be identified when we are off-campus.

T-shirts are not included in the camp registration fee and must be purchased separately. They are bright blue with our camp logo in white. T-shirts are the same as in all previous years so hand-me-downs are great. Only **one shirt** is really needed as they are only worn once per week, a total of 6 times. Parents can wear them, too! Children do not need to wear camp shirts on swim days (Tuesdays).

Please complete the order form below and return it with your child's registration. You may also email me with your order. T-shirts can be paid for at time of registration or on the first week of camp.

Please order carefully, as we will only order what we need.

SIZE	HOW MANY	COST PER SHIRT	TOTAL
Child's Small (6-8)		\$10.00	
Child's Medium (10-12)		\$10.00	
Child's Large (12-14)		\$10.00	
Adult Small		\$10.00	
Adult Medium		\$10.00	
Adult Large		\$10.00	
Adult X-Large		\$12.00	

**TOTAL (Please make checks out to St. Raphael's): \$\_\_\_\_\_**

Office Use Only:

Paid \_\_\_\_\_ Delivered \_\_\_\_\_