

# ST. JEROME SUMMER CAMP 2009 REGISTRATION FORM



(Please fill out one per camper & drop off in the Main Office)

## Camper Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  M  F  
Street: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Grade next fall: \_\_\_\_\_

## Family Information

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Street: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ ZIP: \_\_\_\_\_  
Work Tlf: \_\_\_\_\_ Cell Tlf: \_\_\_\_\_ Work Tlf: \_\_\_\_\_ Cell Tlf: \_\_\_\_\_

**Medical Information** (If camper doesn't currently attend SJS, please submit a copy of your child's medical records)

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Please list any information you feel is important regarding your child's medical background, allergies and personality. \_\_\_\_\_

## Parental Permission and Liability Release

I hereby request that my child participate in the activities/ field trips as selected by the St. Jerome Summer Camp. In the unlikely event of any emergency, if I cannot be contacted, I hereby authorize that emergency treatment may be administered to my child. I also agree to release, indemnify and hold harmless St. Jerome Camp and any of its employees from liability. I authorize the following individuals to be able to pick up my camper when necessary:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

*Password \_\_\_\_\_ This password will be used for identification for person's permitted to remove child from facility. Each family needs to choose their own password.*

Mother's/ Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's/ Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camp runs for 9 weeks, 4 sessions (\$250 per session) 8:30 a.m.- 4:30 p.m.

**FLEXIBLE SCHEDULE:** 1 week (\$125), Per day (\$35) 8:30 am- 4:30 pm, 5 half days 8:30-noon (\$70 weekly)

**Extended care is available for working parents for \$3 per hour.**

**EACH SESSION MUST BE PRE-PAID.** Hot Lunches available: \$3.00 per lunch (Please pay for hot lunches along with registration.)

**Please check session attending:**

- Session 1..... June 8-June 19
- Session 2..... June 22-July 3
- Session 3..... July 6-July 17
- Session 4..... July 20-July 31
- Session 5..... August 3-August 7

**Registration deadlines: \_**

- Session 1: May 22
- Session 2: June 12
- Session 3: June 26
- Session 4: July 3

**Please drop off registration form in the Main Office as soon as possible. Camp availability is on first come, first serve basis. Please pre-pay to hold spot. Make check payable to St. Jerome School.**

FOR OFFICE USE ONLY: Non-refundable Registration fee \$35 **Paid \$35**  Y  N **Paid \$50**  Y  N

\*Students who do not currently attend St. Jerome School: \$50 Non-refundable Registration fee includes insurance

## Payments & Dates of Payments

Session I \$ \_\_\_\_\_ Session II \$ \_\_\_\_\_ Session III \$ \_\_\_\_\_ Session IV \$ \_\_\_\_\_ Session V \$ \_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

-Morning Care  Y  N -Afternoon Care  Y  N -Both Morning and Afternoon Care  Y  N

Referred by: \_\_\_\_\_