

St Barnabas Catholic School Summer Camp

June 5th - July 14, 2017

REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ First Name: _____

Gender: Female Male Age: _____

School: _____

Grade for Upcoming Year (2017-2018): _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Telephone: _____ Cell: _____

Parent email: _____

(Include area code with telephone)

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Person's Authorized to pick up child: _____

(Please provide a copy of their ID)

Other Dismissal Arrangements _____

Emergency contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Is your child on any medication? No Yes If so, please specify: _____

Lunch: If you will be sending your child's lunch, please be sure that your child's lunch is clearly marked with his/her first and last name, in an insulated bag. Refrigerators will not be available for your child to store his/her lunch. Glass bottles/containers are not allowed. No microwavable foods will be microwaved for students at any time.

Payments: Camp can be paid in check, cash, or money order

Make checks payable to **St Barnabas Catholic School**

Return Check Fee: \$35

Camp Fees: \$25 Registration and \$400 paid in full or \$25 registration fee and \$80 weekly

Contact Information

For more information, contact St. Barnabas Catholic School
(205) 836-5385
Emails: jsmith@stbcsbhm.org

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

I understand that \$25 is due upon registering, \$400 is due in full or \$80 weekly. We do not provide make-up or refunds for any days missed for any reason. Please do your best to come to St Barnabas Catholic School Summer camp every day.

DROP OFF AND PICK UP TIMES

Drop off time:

- 7:30 AM Drop off time
- 8:30 AM Summer Camp Starts

Pick up time:

- 3:00 PM Summer Camp Ends
- 3:30 PM Aftercare Starts. An additional \$10 is due when camper is picked up.
- 5:00 PM Aftercare Ends, No Exceptions
- A \$1 fee will be charged for every minute late after 5:00 PM.

SIGNATURE OF PARENT OR GUARDIAN _____

REQUIRES PARENT’S SIGNATURE:

You have our permission, in the event of an emergency and in the case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal Guardian Name _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Student Allergies _____

Student Medical Issues _____

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

I hereby give permission to St. Barnabas Catholic School, to photograph and/or videotape the student for educational or promotional purposes. _____ (Initial)

PARENT STATEMENT

I hereby state that (camper's name) _____ is in good mental and physical health condition to participate in the academics/ activities provided by St Barnabas Catholic School, including but not limited to all aspects of basketball, soccer. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release St. Barnabas Catholic School, its employee and staff, from liability to the above named camper, arising from injury to the person or property of the above named camper occurring on the premises of St Barnabas Catholic School/ Church, including any event sponsored or sanctioned by St Barnabas Catholic School.

I understand that St Barnabas Catholic School has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my child engages in inappropriate behavior (including, but not limited to, disruptive or volatile behavior) during class or scheduled programs at St Barnabas Catholic School. St Barnabas has the right to send any camper home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature _____ **Date** _____