

HOLY NAME OF JESUS DAY CAMP

Registration Form for 2017

Child's Photo

Child's Information

Family Name:

First Name:

Date of Birth:YYYY/MM/DD

Sex: M F

Medicare:

EXP: YYYY/MM

Address:

Email:

Family Information

Custodial Parents or Guardians: Last Name, First Name

Telephone #1

Telephone #2

Allow to pick up child

1)

YES NO

2)

YES NO

Other Contact Individuals

Name: Last Name, First Name

Relationship

Telephone #1

Allow to pick up child

1)

YES NO

2)

YES NO

PASSWORD GIVEN TO PERSON AUTHORIZED TO PICK UP YOUR CHILD AT CAMP:

Medical Information

Allergies:

Medications:

Epipen: YES NO

Other Important Information:

Swimming Information

Swims

Non-Swimmer

Lifejacket needed

Sunscreen Information

Sunscreen to be applied by counselor: YES NO

I have read and understood the reimbursement policy. I authorize my child to participate in all activities offered at Holy Name of Jesus Day Camp. I authorize Holy Name of Jesus Day Camp consent to any first aid procedures or decisions made by camp staff to ensure the health of my child. Holy Name of Jesus Day Camp is not responsible for any damaged, lost or stolen items.

Holy Name of Jesus Day Camp has my permission to use my child's photograph to promote the camp. I understand that the images may be used in print publications, online publications, presentations, websites, and social media.

PARENT SIGNATURE

DATE

WEEKS OFFERED			
DATE	Cost from 9:00am-4:00pm	Cost with extended hours (7-9AM & 4-6PM)	TOTAL
Week of July 3	<input type="checkbox"/> \$120	<input type="checkbox"/> \$145 <input type="checkbox"/> AM <input type="checkbox"/> PM	\$
Week of July 10	<input type="checkbox"/> \$120	<input type="checkbox"/> \$145 <input type="checkbox"/> AM <input type="checkbox"/> PM	\$
Week of July 17	<input type="checkbox"/> \$120	<input type="checkbox"/> \$145 <input type="checkbox"/> AM <input type="checkbox"/> PM	\$
Week of July 24	<input type="checkbox"/> \$120	<input type="checkbox"/> \$145 <input type="checkbox"/> AM <input type="checkbox"/> PM	\$
Week of July 31-August 4	<input type="checkbox"/> \$120	<input type="checkbox"/> \$145 <input type="checkbox"/> AM <input type="checkbox"/> PM	\$
Week of August 7	<input type="checkbox"/> \$120	<input type="checkbox"/> \$145 <input type="checkbox"/> AM <input type="checkbox"/> PM	\$
Week of August 14	<input type="checkbox"/> \$120	<input type="checkbox"/> \$145 <input type="checkbox"/> AM <input type="checkbox"/> PM	\$
TOTAL			\$

Your child's spot will only be reserved once payment has been received. For participants who are not registered for extended hours, you may add extended hours for an additional \$10/day. If you do not arrive at the designated pick up time there will be a charge of \$1.00 for every minute past your child's pick up time.

Cancellation and Reimbursement Policy: Full reimbursement, may be granted if a written request is received by June 1st. Once the camp week begins, refunds will not be considered unless a medical certificate is provided. Absence from Day Camp does not constitute a withdrawal from the program. Holy Name of Jesus reserves the right to ask campers not to return to camp. Disrespectful behaviour, foul or hurtful language and violence will not be tolerated.

Parent Signature

Date