

Camp Enrollment Form

Date: _____

Child's Name _____ Birthdate: ___/___/_____ Gender (circle): M F

Mom or Dad Name _____ Phone Number (for emergencies) _____

Persons (other than those listed above) who may pick-up your child from school and may be called in case of emergency. **Please list 2 that are close enough to respond to our call in 15 minutes or less.**

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Camp Selected:	June 3rd – 7th Cost: \$85.00 (\$130 including Lunch Bunch)
_____	Fun in the Sun Camp 9:00 a.m. – 12:00 p.m.
_____	Lunch Bunch 12:00 p.m. – 3:00 p.m.
	June 10th – 14th Cost: \$85.00 (\$130 including Lunch Bunch)
_____	Princess Camp 9:00 a.m. – 12:00 p.m.
_____	Lunch Bunch 12:00 p.m. – 3:00 p.m.
	June 17th – 21st Cost: \$85.00 (\$130 including Lunch Bunch)
_____	SuperHero Camp 9:00 a.m. – 12:00 p.m.
_____	Lunch Bunch 12:00 p.m. – 3:00 p.m.
	June 24th – 28th Cost: \$85.00 (\$130 including Lunch Bunch)
_____	JurassiCamp 9:00 a.m. – 12:00 p.m.
_____	Lunch Bunch 12:00 p.m. – 3:00 p.m.

***Camps are open to siblings/friends**

Payment is due the first day of camp. I understand, accept, and commit myself to the above payment. I also understand and accept that all payments made to Little Saints are non-refundable.

Does your child have any allergies? If yes, explain: _____

Does your child have any medical concerns we need to know about? If yes, explain: _____

We must have written authorization for emergency medical treatment. By signing below, you are giving your authorization to the following and to the contents of this enrollment form:

Yes, you may seek emergency medical treatment for my child.

Yes, the health care facility or physician may provide medical care.

Yes, I assume responsibility for any and all medical payments.

Yes, my child's photo may be taken and shared.

Parent Signature _____