

Faith, Fitness and Fun for Everyone - Summer Day Camp 2010 - Assumption

Family's Last Name _____ Today's Date _____

Child's Name 1 _____ Birthdate _____ Grade _____ (09-10)

Allergies _____ Asthma/Medical _____

Child's Name 2 _____ Birthdate _____ Grade _____ (09-10)

Allergies _____ Asthma/Medical _____

Child's Name 3 _____ Birthdate _____ Grade _____ (09-10)

Allergies _____ Asthma/Medical _____

Parent/Guardian Information

Mr./Mrs. _____

Home Address _____

City/Zip _____

E-mail _____

Home Phone _____

Cell phone _____

Employer _____

Work phone _____

Emergency Information

Please list Contacts in order to be called.

1. Name _____

Phone # _____

2. Name _____

Phone # _____

3. Name _____

Phone # _____

Doctor _____

Doctor's Phone _____

For each child registering please complete a "reservation form" which will schedule your child for those weeks/times. This reservation form will determine our staffing and scheduling. Any changes must be in writing at least 1 week (7days) prior to reserved week.

By signing the registration I understand and agree to pay for all weeks reserved. I also agree to the rules and guidelines I have been given with this form. We have great plans and trips planned for this summer. Thank you for selecting our Camp! We promise to make it a "fun, faith-filled, active" summer!

Parent Name _____ Parent Signature _____

Checklist: Registration Form _____ Reservation Form _____ Field Trip Slip _____
Fee Paid: _____ \$125 for 6+ weeks/extra camp wk \$100 for 3-5 wks \$50 for 1-2 wks

Faith, Fitness and Fun for Everyone - Summer Day Camp 2010 - Assumption

Child's Name _____ Grade (09-10) _____

Camp Shirt Size YOUTH - Small Medium Large ADULT - Small ADULT- Medium

Students MUST wear camp shirt on all trips-including swimming!

Week	Camp Only 9am-3:30pm	Before Care 7am-9am	After Camp Care 3:30-6pm	Camp with Before and After Care
June 1-4 Extra Camp Week				\$140 per child
June 7-11				
June 14-18				
June 21 - 25				
June 28-July 2				
July 6-9 (closed Monday July5)				
July 12 - 16				
July 19 -23				
July 26-30				
August 2 - 6 Extra Camp Wk				\$140 per child

Fees - There will be **NO weekly Activity Fees this year!** All trips and activities are included in the weekly camp rate.

Extra Week Camps are for working families who would like consistency and a safe place for their children. Because teachers will be working their will be no field trips those weeks.

	Camp Only	Camp with Before Care Only	Camp with After Care Only	Camp with Before and After Care
1 child	\$110	\$125	\$140	\$155
2 children	\$200	\$225	\$250	\$275
3 children	\$295	\$325	\$360	\$390

Checklist: Registration Form _____ Reservation Form _____ Field Trip Slip _____
 Fee Paid: _____ \$125 for 6+ weeks/extra camp wk \$100 for 3-5 wks \$50 for 1-2 wks

Faith, Fitness and Fun for Everyone - Summer Day Camp 2010 - Assumption

Camp Rules and Guidelines

General Camp Behavior:

1. Students should come ready to have a good day, with a good attitude.
2. Foul or inappropriate language will not be tolerated from students or adults.
3. No gum chewing or candy is permitted in the gym, computer lab, or library.
4. Students should respect others and their belongings.
5. Students must listen to and be respectful to all counselors - no arguing.

Field Trips:

1. Students must wear Summer Camp shirt to all trips! No Exceptions.
2. Trips are taken on a school bus. Students are to remain seated at all times.
3. No food, drinks, or chewing gum are allowed on the school bus.
4. Students are to stay with their group at all times. No one is to go anywhere by themselves.
5. Students should not bring extra money or expensive electronics on trips as the counselor can not be responsible for everyone's belongings.
6. The students represent Assumption Catholic Church and should be well behaved at all times.
7. If an incident occurs while on a field trip, the offending student may be withheld from all future trips.

Drop off and Pick up:

1. Parents must go into Jordan Hall to both drop off and pick up their child(ren). We will be using the current after-school time clock system for both checking in and out. This will allow us to know who is here at any given time and allow for better, more accurate record keeping.
2. Parents may park along Jordan Hall while they are picking up or dropping off. Please be mindful if it is a busy time to pull all the way up.
3. If someone else is picking up your child, not listed at an emergency contact, please let us know in writing. We can NOT release a student without a parent's written permission.

Personal Items:

1. Please label all of your child's belongings. This includes bags, lunch boxes, towels, etc.
2. Each group will be assigned a table on which to place their belongings each morning when they arrive. Please be sure everything gets picked up at the end of each day. Other groups may use the hall in the evening and we do not have the ability to lock up everything.
3. There is no "sharing" of combs, brushes, or other clothing items.
4. Assumption Catholic Church is not responsible for lost electronic devices, including ipods and cell phones. It is not recommended students bring these items to camp!
5. A phone is available for student use inside Jordan Hall. Parents will be given the number to call directly into the Hall.

Food and Drinks:

1. Campers must bring their own lunch Tuesday, Wednesday, and Thursday.
2. Pizza Day will be Monday and Hot Dog Day will be Friday- the cost is \$3.00 per lunch which will include: Pizza Day- 2 slices of pizza and a drink; Hot Dog Day- Hot Dog, side, and drink. Additional slices of pizza/hot dogs maybe purchased for \$1.00 each.
3. A morning snack will be PROVIDED for FREE daily.
4. An afternoon snack should be brought from home if needed. A concession stand will be open each afternoon if students would like to purchase an afternoon snack.
5. Your child may bring a water bottle to camp each day and use the water fountain to refill it as needed.

Checklist: [Registration Form](#) _____ [Reservation Form](#) _____ [Field Trip Slip](#) _____
Fee Paid: _____ \$125 for 6+ weeks/extra camp wk \$100 for 3-5 wks \$50 for 1-2 wks

Faith, Fitness and Fun for Everyone - Summer Day Camp 2010 - Assumption

Diocese of St. Augustine Parent Permission and Release of Liability Field Trip Participation

Name of Child: _____

Name of Parent or Legal Guardian: _____

Name of School: Assumption Catholic School Name of Event: _Summer Camp- 2010 / 2011

Destination: As listed on Summer Camp Schedule

Method of Transportation: Bus

The above student is eligible to participate in above school-sponsored event requiring transportation to a location away from the school grounds. This activity will take place under the guidance and supervision of employees from the above school.

If you would like your child to participate in this event, please read, complete, sign and return this form which includes your consent, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named student during this activity.

Please list any known allergies:

Physician's Name: _____ Telephone Number: _____

The undersigned parent, guardian or legal representative hereby consents to the participation of the above-noted student in the event described and further consents to the conditions stated above on participating in this event, including the method of transportation. It is understood that this event will take place away from the school grounds and that the student will be under the supervision of a designated school employee(s) on the stated dates.

For and in consideration of the student being allowed to participate in this event, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the student and the student's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless the Diocese of St. Augustine

Victor B. Galeone, as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Victor B. Galeone, individually, the above-noted school, and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the student, or death, caused by negligence or otherwise, while the student is engaged in the above-stated event or in transportation to and from said event. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the student, and the student's parents, personal representatives, assigns, heirs, and next of kin.

(Parent / Guardian / Representative Signature)

(Date)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Checklist: Registration Form _____ Reservation Form _____ Field Trip Slip _____
Fee Paid: _____ \$125 for 6+ weeks/extra camp wk \$100 for 3-5 wks \$50 for 1-2 wks