

Summer Camp Program 2022

Enrollment Form

Child's Information

Name of child _____ D.O.B. _____

Name child prefers to be called _____ Grade in 2022-23 _____ Gender: M F

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____ Email _____

Child's T-Shirt size: XS (4-6) S (6-8) M (10-12) L(14-16)

Parent(s) and/or Guardian(s) and/or Custodian(s)

Please list in the order you like us to contact in case of emergency.

1. _____

Name

Relationship to child

Address

Home Phone

Cell Phone

Employer

Work Phone

E-Mail Address

2. _____

Name

Relationship to child

Address

Home Phone

Cell Phone

Employer

Work Phone

E-Mail Address

3. _____

Name

Relationship to child

Address

Home Phone

Cell Phone

Employer

Work Phone

E-Mail Address

Child's Name _____

Family Physician Information

Physician's Name *Phone*

If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital. I further release the Summer Camp Program from any claim arising out of the doctor's actions. All medical expenses shall be the parent's responsibility.

Parent/Guardian Signature *Date*

Allergic Reactions

Foods: _____

Medications: _____

Other: _____

Other medical concerns: _____

PARENTS AND DOCTORS MUST FILL OUT A MEDICATION REQUEST FORM IF MEDICATION IS TO BE DISPENSED AT SUMMER CAMP.

Reservation Schedule *Please circle all the dates for your child's attendance and X inside the () for the extended care needed for each week. You may request schedule adjustments at least one week in advance by emailing the school office or camp director.*

**Students may attend 2, 3, 4 or 5 days per week.*

							Before Care	After Care
Week 1	6/6 – 6/10	M	T	W	Th	F	()	()
Week 2	6/13 – 6/17	M	T	W	Th	F	()	()
Week 3	6/20 – 6/24	M	T	W	Th	F	()	()
Week 4	6/27 – 7/1	M	T	W	Th	F	()	()
Week 5	7/4 - 7/8	No Camp Offered						
Week 6	7/11 – 7/15	M	T	W	Th	F	()	()
Week 7	7/18 – 7/22	M	T	W	Th	F	()	()
Week 8	7/25 – 7/29	M	T	W	Th	F	()	()
Week 9	8/1 – 8/5	M	T	W	Th	F	()	()

Registration payment due at time of enrollment

ENROLLMENT AGREEMENT

I hereby enroll my child(ren) _____ for the St. John's Summer Camp Program for 2022, and I have read and understand the following:

1. I understand that I am responsible for payment of weekly fees that are due on or before **the Friday prior to each week** for which I've reserved days. I will give 7 days' notice in writing prior to withdrawal from the program during which time I will be responsible for payment of fees.
2. I understand that children are expected to behave in accordance with Christian standards and expectations.
3. I understand that in the event of any absences during program hours, I will be responsible for fees for time reserved, not actual time in attendance.
4. I will update my child's file information promptly.
5. I understand that I must notify the camp director or school secretary by email if I need to change my scheduled days. A different number of days may be reserved each week. Staff schedules are made on Monday's one week prior to camp. If changes are needed, the Director or secretary need to be notified by the Friday, one full week prior to enrollment. For example, if you are scheduled to attend 3 days the week of June 14th, and you want to add two more days, we would need to be contacted by June 4th. Please request changes in an email, so that we have a written record.
6. The program staff will assume full responsibility for my child from the time she/he is signed in with the camp staff until my child leaves the program according to the written instructions for departure.
7. I understand that once a child has been signed out of the Summer Camp program she/he is signed out for the day. The person signing him/her out assumes all responsibility for that child.
8. I understand that if a medical emergency arises, the program staff will first attempt to contact the people in the order listed on the enrollment form. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital.
9. **COVID-19** – I affirm that I have read the Camp Wildcat Health and Safety plan. I certify that I consent to and will submit to afore mentioned plan.
10. I agree to adhere to the stated policies and procedures of the St. John's Lutheran Summer Camp Program as stated here, and give my child permission to participate fully in this program.

Guardian / Custodian

Date