



SUMMER CAMP 2023

CAMPER INFORMATION

Camper Name: _____ **Nickname:** _____

Address: _____ (STREET) (CITY) (STATE) (ZIP)

Date of Birth: ____/____/____ **Gender:** _____

Current School: _____ **Exiting Grade:** _____

FAMILY INFORMATION

Mother:

Name: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email: _____

Occupation: _____

Employer: _____

Father:

Name: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email: _____

Occupation: _____

Employer: _____

If Child becomes sick or injured at camp please call first: _____

T-SHIRT SIZE:

Child small-6-8 Child medium-10-12

Child large- 14-16

Adult small Adult medium

Adult large Adult extra large

WEEKS OF ATTENDANCE: PLEASE CHECK :

____Week #1: Safari

____Week #3 Mystery & History

____Week #2: Around the world

____Week #4 Superhero's



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EMERGENCY CONTACTS/AUTHORIZED PICK UP:

Please list the emergency contacts and those authorized to pick up child from camp.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

HEALTH INFORMATION:

If applicable, please provide the following information.

Camper Allergies: _____

Does your child have an epi-pen? _____ Yes _____ No

Please describe any medical conditions:

Does your child have an inhaler? _____ Yes _____ No

Has your child been stung by a bee/wasp? _____ Yes _____ No

Describe reaction _____

WALKING FIELD TRIPS: I give permission to Holy Cross Academy summer camp staff to walk my child to the Shrewsbury swimming pool and Brikop park. **Parent's initials** _____

SWIM INFORMATION: CHECK ALL THAT APPLY

____ My child has never had swim lessons

____ My child likes to play in the water

____ My child can doggy paddle in the water independently

____ My child is beginning to swim

Any other information you want to share about your child's swimming skills:

I authorize HCA summer camp staff to put on sunscreen.

Parent's initials _____

Holy Cross Academy

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BUS FIELD TRIPS:

I give permission for HCA to use our Shuttle Bus Service to transport your camper to fieldtrips each week. The following field trips will be taken STL History Museum, Grant's Farm, and STL Zoo.

Parent Signature _____

MEDICAL RELEASE

I understand that basic first aid will be given to my child at school for minor incidents. If an emergency requiring additional medical care is needed, I hereby authorize Holy Cross Academy staff members to take my child to a local hospital and/or call an ambulance, if I can't be contacted or during an emergency.

Physician's Name: _____ Clinic: _____

Address: _____ Phone: _____

For emergency medical treatment my preferred hospital is: _____

Hospital Phone: _____

Any other information you would like the summer camp staff know about your child:

Parent/Guardian Signature: _____ Date: _____