

**FOR OFFICE USE ONLY**

Amount \$ _____ Check # _____ Date: _____

Summer Registration 2020

CAMPER INFORMATION

Student Name: _____
(First) (Last) (Nickname)

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

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

Current School: _____ Current Grade: _____

FAMILY INFORMATION**Parent/Guardian:**

Name: _____

Cell phone: _____

Work phone: _____

Email (Print Clearly) _____

Occupation: _____

Employer: _____

Marital Status: Married Divorced Single Other

Parent/Guardian:

Name: _____

Cell phone: _____

Work phone: _____

Email (Print Clearly) _____

Occupation: _____

Employer: _____

Marital Status: Married Divorced Single Other

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

If divorced:

Name of parent who will be submitting payments : _____ Name of parent who has physical custody: _____

Please provide a schedule of who will be picking up child during camp .

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: _____

IMPORTANT HEALTH INFORMATION:

If applicable, please provide the following information.

Student 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 _____

IMMUNIZATIONS: New families only using HCA summer programming will need to submit a copy of immunizations with registration. **Parent's initials** _____

Student Name: _____

T-SHIRT SIZE: 3T 4T XS-5/6 S-6-8 M-10-12 L-14-16

WEEKS OF ATTENDANCE: PLEASE CHECK

___ Week #1: Animal Planet	___ 8:00-3:00	___ Before Camp needed(7-8:00)	___ After Camp needed(3-6:00)
___ Week #2: Art through the ages	___ 8:00-3:00	___ Before Camp needed(7-8:00)	___ After Camp needed(3-6:00)
___ Week #3 Once Upon a Fairy Tale	___ 8:00-3:00	___ Before Camp needed (7-8:00)	___ After Camp needed(3-6:00)
___ Week #4 Shark Week	___ 8:00-3:00	___ Before Camp needed(7-8:00)	___ After Camp needed(3-6:00)

New location starting June 29: St. John Paul II campus, only for children 2-5 year olds

___ Week #5 June 29 – July 2 Born in the USA ___ 8:00-3:00 ___ Before Camp needed(7-8:00) ___ After Camp needed(3-6:00)

___ July 6- August 7 will be available. Please contact the Early Childhood Director for registration details. Regular school year scheduling options will be available. Email: preschool@hca-stl.org

I give permission for Holy Cross Academy staff to walk my child to the Shrewsbury swimming pool, fire station and the Shrewsbury Public works building. Parent's initials _____

SWIM INFORMATION: CHECK ALL THAT APPLY CHILDREN WILL NOT BE USING ARM FLOATIES DURING LESSONS

2-3 ½ YEAR OLDS WILL NOT PARTICIPATE IN SWIM LESSONS.

___ My child has never had swim lessons	___ My child is fearful of the swimming pool
___ My child likes to play in the water	___ My child will put their face under water
___ My child can doggy paddle in the water	___ My child is beginning to swim independently

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

I authorize summer camp staff to put on sunscreen. I will provide the sunscreen. Parent's initials _____

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 staff know about your child:

Parent/Guardian Signature: _____ Date: _____