

DeSales Camp Registration Form

RETURN TO OFFICE WITH REGISTRATION FEE

Student Name: _____

Circle one: Only child in camp **OR** Sibling of another student enrolled in camp

If a sibling, list the other student(s) here: _____

Student Grade Level (beginning in Sept.) _____

I would like to enroll my child in the 6-Week summer camp program at St. Francis DeSales School. Camp will begin on Monday, June 21st and end on Friday, July 30th. ***The total cost of the summer program is \$1500, to be paid in 7 installments – fully paid by July 19th. **Sibling discount, each additional child is \$100/per week for a total of \$600.*** Please know you will be required to sign in and make payment for your child at the start of camp each Monday at the Registration desk inside the auditorium.

Payments are due as follows:

1 - \$100 due with Registration Form. Non-Refundable.

Please know your child's spot is not held without registration fee.

2 – Remainder of 1st week balance due by June 14th in the main office. (Weekly fee reduced by Registration payment)

The following payments are due at the Registration Desk when signing your child in each Monday.

3 – Week #2 due June 21st

4 – Week #3 due June 28th

5 – Week #4 due July 5th

6 – Week #5 due July 12th

7 – Week #6 due July 19th (*FINAL PAYMENT)

****ALL PAYMENTS ARE TO BE MADE WITH CASH OR MONEY ORDER ONLY – NO PERSONAL CHECKS.***

******RETURN THIS FORM WITH YOUR REGISTRATION FEE.***

COMPLETE ENTIRE PAGE ON OTHER SIDE.

DE SALES CAMP EMERGENCY CARD

CHILD'S NAME _____ DOB: _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

MOTHER'S NAME _____ CELL PHONE NO. _____

FATHER'S NAME _____ CELL PHONE NO. _____

Names of persons allowed to pick up my child other than parents:

NAME _____ RELATIONSHIP _____ PHONE # _____

NAME _____ RELATIONSHIP _____ PHONE# _____

PHYSICIAN'S NAME _____ PHONE# _____

IN CASE OF EMERGENCY PLEASE CONTACT FIRST:

NAME _____ RELATIONSHIP _____ PHONE# _____

HEALTH INSURANCE INFORMATION:

POLICY NAME: _____ POLICY NO. _____

LIST ALL HEALTH PROBLEMS: _____

PLEASE LIST ALL KNOWN ALLERGIES: _____

LIST ANY MEDICATIONS THAT YOUR CHILD IS CURRENTLY TAKING: _____

DATE _____ PARENT'S SIGNATURE _____

PERMISSION SLIP – *SELECT ONE ONLY:*

_____ My child *is permitted* to go to Clark Park during DeSales Camp hours, accompanied by the teacher.

_____ My *child is NOT* permitted to go to Clark Park during DeSales Camp hours.

Parent Signature _____ Date _____