

St. Francis Cathedral Camp NO CHECKS ACCEPTED AFTER: May 4 2020-PEANUT TREE NUT FREE CAMP

ALL NON ST. FRANCIS STUDENTS ATTENDING CAMP MUST PROVIDE PROOF OF IMMUNIZATION WITH APPLICATION

Child Grade entering in September 2020:

First _____ Middle _____ Last _____

School Name _____ Birth date _____ Age _____

Parent/Guardian

Mom's Name _____ Dad's Name _____

Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____

Work Phone Mom _____ Work Phone Dad _____

Cell phone Mom _____ Cell Phone Dad _____

E-mail _____

Emergency Contact #1

First Name _____ Last Name _____ Best number to be reached at _____

Emergency Contact #2

First Name _____ Last Name _____ Best number to be reached at _____

Medical Release Information

Insurance Policy Number _____ Name of provider _____

Primary Physician _____ Phone Number _____

Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Does your child have any allergies to food or medication? _____ YES _____ NO

If yes, explain: _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. The health history is correct as so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Shirt size: NO EXCHANGES Circle Choice: Child's 6-8 Child's 10-12 Child's 14-16 Adult Small Adult Med Adult L Adult XL

Pool Consent Form

I, _____, give my child, _____ permission to use the following facilities at the Metuchen Pool:

_____ Kiddie Pool ONLY _____ 3 feet ONLY _____ up to 4 feet _____ 5 feet

_____ all pool facilities which include the diving board and slide provided my child passes the deep water test

Parent's Signature _____ Date _____

St. Francis Summer Camp-Schedule of days

PEANUT AND TREE NUT FREE CAMP

Date of application _____

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Camper's Name and GRADE _____

Parent Email: _____

Check Program Desired:

- Regular Day
- Half Day
- AM 8:30-12:00
- PM 12:00-3:30
- Pick Your Own Day

Pick Your Own Days: Please fill in the dates that you will be attending

Mon	Tues.	Wed.	Thurs.	Fri.
0 6/22	0 6/23	0 6/24	0 6/25	0 6/26
0 6/29	0 6/30	0 7/1	0 7/2	0 OFF
0 7/6	0 7/7	0 7/8	0 7/9	0 7/10
0 7/13	0 7/14	0 7/15	0 7/16	0 7/17
0 7/20	0 7/21	0 7/22	0 7/23	0 7/24
0 7/27	0 7/28	0 7/29	0 7/30	0 7/31
0 8/3	0 8/4	0 8/5	0 8/6	0 8/7
0 8/10	0 8/11	0 8/12	0 8/13	0 8/14

Check Appropriate Box:

Do not use this for Pick Your Own Day

- All 8 weeks
- Week 1 June 22-26
- Week 2 June 29-July 3
- Week 3 July 6-10
- Week 4 July 13-17
- Week 5 July 20-24
- Week 6 July 27-31
- Week 7 August 3-August 7
- Week 8 August 10-August 14

Please check if you intend to use: FOR A SEPARATE FEE PLEASE SEE BELOW TIMES AND FEES

Before Camp 7:30-8:30 \$5.00 PER DAY per FAMILY

After Camp 3:30-6:00 \$18.00 PER DAY per FAMILY