

SMCS Summer Camp Registration Form

Student Name_____

Age_____ School_____

Address_____ Zip_____

Parent's Phone _____ Camp_____

Parent's email _____

Parent/Guardian:_____ Cell Phone:_____

Place of Work: _____ Work Phone:_____

2nd Parent/Guardian:_____ Cell Phone:_____

Place of Work: _____ Work Phone:_____

Emergency Contact: _____ Relationship:_____

Telephone: _____ Cell Phone:_____

Child resides with: 1st Parent _____ 2nd Parent _____ Guardian _____ Both _____ Other _____

Name and phone number(s) of person(s) other than parents allowed to pick up your child

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Any special instructions, such as custody or restraining orders must be attached to this application and discussed.

Please list any other information you'd like to include about your camper:

Parent Authorization Form

Please print all information clearly.

Name of Camper: _____ Today's Date _____

SMCS does not discriminate on the basis of race, color, sex, handicap, religion or national origin. SMCS reserves the right at its sole discretion to refuse an application or dismiss a child from camp. No refund will be made of fees if the child has attended any portion of the camping period.

Parent/Guardian's Signature: I understand and accept these guidelines.

Parent/Guardian's Signature: _____

I give SMCS permission to photograph and/or videotape my child for public relations and/or marketing purposes. Photos will remain archived at SMCS and can be used for promotional purposes without notification.

Parent/Guardian's Signature: _____

I give permission for SMCS to transport my child off camp property for the purpose of field trips and/or medical care. I understand that a schedule of events will be available to me and that all events are subject to change due to weather and/or scheduling conflicts without notice.

Parent/Guardian's Signature: _____

I authorize the camp management to act as the agent of the parents in any emergency situation or to administer basic first aid for the health and welfare of the camper involved. I am responsible for the expenses involved if the services of a physician or hospital are required. Please request a waiver for persons requesting exemption from medical treatment.

Parent/Guardian's Signature: _____

Hospital preferred _____

By signing below I agree to adhere to all the Policies and Procedures set for by SMCS

Parent/Guardian's Signature: _____

Students Medical Information Form

Please print all information clearly.

The medical background of each camper is required as part of the camp's registration process. The camp director must be advised in writing of any condition that would limit the camper's ability to participate in any program.

Child's Name _____ Date of Birth _____

Child's Pediatrician's Name _____ Phone number _____

Medical conditions _____

List of past medical treatments _____

List all current medications regardless of whether it needs to be taken at camp or not:

Will your child need to take any prescription medications while at camp?

Yes/No

If yes, please request a medical dispensing form. Return the form and medication in a ziplock bag with your child's name on it on the first day that they attend camp.

Allergies: (Please put N/A if your child does not have an allergy)

Food _____

Medication _____

Insect _____

Other _____

Does your child require an Epi-pen? _____ If yes, you must provide the camp with an Epi-pen to be kept at camp during your child's enrollment. Epi-pen must be accompanied with a current prescription and a doctor's note.

Specific Activities to be restricted for health reasons: _____

Date_____

PHOTOS

St Michael's reserves the right to use student photos and videos for school publications, website, and official social media pages, including publication for the Diocese, ANSAA, Delta Arts, and other official organizations. All such photos and videos become the property of St. Michael's School for both current and future.

Parent/Guardian

Child's Name_____

Child's Name_____

SMCS Summer Program

I, _____, certify that my child(ren), _____, can have antibiotic ointment applied to a MINOR cut/scrape.

Parent Initials

Date

I, _____, certify that my child(ren), _____, is able to have a MINOR cut/scrape cleaned with hydrogen peroxide..

Parent Initials

Date

I, _____, certify that my child(ren), _____, is able to have a soft mint (easily dissolved) in the event of stomach ache or headache.

Parent Initials

Date

Toilet Trained Policy

All children entering the Summer Program must be fully toilet-trained before the first day. Children will not be allowed to wear diapers or pull ups. Toilet trained children can do the following:

- be able to tell the teachers they need to go to the restroom in sufficient time to avoid accidents,
- be able to pull their underwear and pants down and up without assistance,
- be able to get on and off the toilet by themselves,
- be able to wipe themselves after using the toilet, and
- be able to wash and dry hands.

We understand that accidents may occur during the day, but these are expected to be extremely rare. Therefore, a complete change of clothes is needed if your child(ren) is a RISING PK-Kindergarten Camper.

Signature of Parent/Guardian: _____ Date _____