



Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____
 Work Phone _____
 Cell Phone _____ Email _____
 Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____
 Work Phone _____
 Cell Phone _____ Email _____
 Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____
 Primary Physician _____
 Address _____
 Phone _____ Hospital _____
 Preference _____

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

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Terms of Agreement:

I give permission to SAINT FRANCIS OF ASSISI SCHOOL to make whatever emergency, (e.g. first aid, disaster evacuation) measures as judged necessary for the care and protection for my child while under the supervision of the School.

In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad) deem necessary. The child will be transported at the expense of _____ (sign by Parent/Guardian).

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

DATE: _____ **SIGNATURE:** _____

Child's Name: _____
 (Last) (First) (Middle)

Home Address: _____



D.O.B: _____

Age: _____

Home Telephone: _____

Email: _____

Parents'/Guardian Information:

Name of Mother: _____

Employer: _____

Work Phone: _____

Work Address: _____

Work Hours: _____

E-Mail: _____

Cell Phone: _____

Name of Father: _____

Employer: _____

Work Phone: _____

Work Address: _____

Work Hours: _____

Email: _____

Cell Phone: _____

JUNE 19th, 2017 through AUGUST 11th, 2017

CLOSED ON: June 30th- July 5th, 2017, Will resume on July 6th, 2017.

TUITION INFORMATION

The full seven weeks is \$1,050.00 for FULL-DAY and \$560.00 for HALF-DAY. This camp is available for grades PreK-3 through First Grade only. If you are interested in only spending certain weeks with us, the cost per week is listed below depending on which schedule you select. **ONE WEEK DEPOSIT IS REQUIRED TO HOLD YOUR CHILD'S ENROLLMENT AND IS NON REFUNDABLE. Only MONEY ORDER or CASH will be accepted.**

Please check the schedule your child will be participating in Saint Francis of Assisi Summer Camp. Payments will be due every Monday of the week they are attending. If payment is not submitted on the Monday your child will be attending, they will not be permitted to attend.

_____ FULL-DAY 9:00AM – 5:00PM _____ HALF-DAY 9:00AM-1:00PM OR _____ HALF-DAY 1:00PM-5:00PM
Weekly Fee: \$150.00 Weekly Fee: \$80.00 Weekly Fee: \$80.00

For Sibling Discount notify School Office

Including Morning/After Care & Weekly Fee: \$235.00 per child (see last page for more details regarding this service. This service is only for Full-Day applicants)

Scheduled desired: Days per week _____ Mon Tues Wed Thurs Fri (Please circle days child will be attending)

FULL-DAY DAILY FEE: \$35.00 HALF DAY AILY FEE: \$20.00

Parent(s) Signature: _____

Date: _____



Photo Agreement:

I hereby give permission for my child to be photographed during the Saint Francis of Assisi School. I understand

the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Saint Francis of Assisi School and its affiliates.

Parent's/Guardian's Initials _____

Permission Agreement:

A. I/we grant permission for my child to use all of the play equipment and participate in all of the activities of the school, unless exceptions are noted here.

B. I/we grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks.

C. I hereby grant permission for the staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Administer first aid.
2. Attempt to contact a parent or guardian.
3. Attempt to contact the child's physician.
4. Attempt to contact the parent through any of the persons listed on the emergency information card completed for the School. (Note: It is the parent's responsibility to keep this card up to date.)
5. If we cannot contact the parent or the child's physician, we will do any or all of the following:
 - a. Call another physician.
 - b. Call an ambulance.
 - c. Have the child taken to the emergency hospital in the company of a staff member; staff vehicle; program vehicle.
6. Any expenses incurred under #5 above will be borne by the child's family.

D. Saint Francis of Assisi School will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

E. Saint Francis of Assisi School will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

Signature: _____ Date: _____
(Parent/Guardian)

FOR CAMP USE ONLY

Date Application Received: _____

Date of Entrance: _____ **Eligibility:** _____