

St. Patrick Interparish School

Summer Camp 2009 Registration Form

Name of Camper: _____

Grade 2009-2010: _____

		WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	WEEK 9	WEEK 10	Total
		June 1-5	June 8-12	June 15-19	June 22-26	June 29-July 2	July 6-10	July 13-17	July 20-24	July 27-31	August 3-7	
\$135 per wk												
		M T W	M T W	M T W	M T W	M T W	M T W	M T W	M T W	M T W	M T W	
\$30 per day		TH F	TH F	TH F	TH F	TH F	TH F	TH F	TH F	TH F	TH F	
Total												

Week	Specialty Camp	Camp Fee	Camp Fee W/ Day Camp
June 8th-25th 9:00-noon	Arts Play	\$200	\$150
June 8th-25th 9:00-10:30	Writing 5/6 Enrichment	\$100	\$75
June 8th-25th 10:30-noon	Writing 7/8 Enrichment	\$100	\$75
June 8th-25th 9:00 10:30	Pre-Algebra Enrichment	\$100	\$75
June 8th-25th 10:30-noon	Algebra Enrichment	\$100	\$75
Total			
July 6th-23rd 9:00-noon	Grades K-4 Learning*	\$200	\$150
July 6th-23rd 9:00-noon	Grades 5-8 English Review*	\$200	\$150
July 6th-23rd 9:00-10:30	Intro Pre-Algebra	\$100	\$75
July 6th-23rd 10:30-noon	Intro Algebra 1	\$100	\$75
July 6th-23rd 12:30-2:00	Course 1 Topics	\$100	\$75
July 6th-23rd 2:00-3:30	Course 2 Topics	\$100	\$75
July 6th-23rd 12:30-2:00	Volleyball	\$100	\$75
July 6th-23rd 2:00-3:30	Volleyball	\$100	\$75
Total			

* Students registered for Review courses will be seperated into skill groups. Attendance at these camps will have priority over Day Camp activities and attendance will be monitored.

Summer Total	
Total for Day Camp	
Total for Specialty Camps	
TOTAL	

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Name of Camper: _____ Age: _____

Address: _____ Grade 2009-2010: _____

_____ Home Phone: _____

Parent (Guardian) Name(s): _____

Place of Employment: _____

Business Phone(s): _____

For and in consideration of the above-named child being allowed to participate in this program, and other valuable consideration, the undersigned parent, guardian or legal representative, on behalf of the student's parents, personal representatives, assigns, heirs, and next of kin, does hereby release and hold harmless the Diocese of St. Augustine, Victor B. Galeone, as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Victor B. Galeone, individually, the above noted school, and employees and agents of said parties engaged in this particular program, their personal representatives or assigns, from any loss or damage on account of any injury to the person or their personal property, of the student, or death, caused by negligence or otherwise, while the student is engaged in the above-stated program or in transportation to and from events under this program. The undersigned expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue to full legal force and effect. The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this agreement on behalf of the child, and the child's parents, personal representative, assigns, heirs, and next of kin.

In the event of illness or injury to my child during this event, I authorize necessary emergency medical care. My child's personal physician is _____, telephone number, _____. I can be reached at the following telephone numbers: Home: _____ Work: _____ Cell: _____

My child is covered under an accident and health insurance policy with _____ insurance company, policy number _____.

My child has the following Allergies and/or Medical Concerns:

(If medication is to be administered by Camp Personnel, Authorization Form must be obtained and completed.)

The following persons are authorized to pick-up my child from camp:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Parent/ Guardian/ Representative Signature)

Date