

Summer at Saint Philomena School 2020

Registration and Participant Information Form

Registration

Participant Name _____ Age _____ Grade in Sept _____ Male ___ Female ___

Parent/Guardian Name _____ Relationship _____

Parent/Guardian Contact E-Mail Address _____ Phone _____

2020 Summer Camp Programs

Please indicate the program or programs that you wish to register your child:

| Program Name | Dates | Time | Cost | Will Your Child Attend Extended Care? | |
|---------------------------------------------------------------|-----------|----------|--------|---------------------------------------|--------|
| _____ DRAMA!: Grades K – 2 | 6/22-6/26 | 9AM-3PM | \$250 | ___ YES | ___ NO |
| _____ Camp Kaleidoscope: Grades K - 2 | 7/6-7/10 | 9AM-3PM | \$250. | ___ YES | ___ NO |
| _____ Broadway Bound: Grades 3 - 8 | 7/6-7/10 | 9AM-3PM | \$250 | ___ YES | ___ NO |
| _____ Summer Science Explorers: Grades K-2 | 7/13-7/17 | 9AM-3PM | \$250. | ___ YES | ___ NO |
| _____ Camp Robotics: Grades 3-8 | 7/13-7/17 | 9AM-3PM | \$250. | ___ YES | ___ NO |
| _____ Going Green: Grades K-2 | 7/20-7/24 | 9AM-3PM | \$250. | ___ YES | ___ NO |
| _____ Amazing Race: Grades 3 - 8 | 7/20-7/24 | 9AM-3PM | \$250. | ___ YES | ___ NO |
| _____ Peek-A-Pre K: Entering PK (Full Day) | 7/27-7/31 | 9AM-3PM | \$250. | ___ YES | ___ NO |
| _____ Peek-A-Pre K: Entering PK (Half Day) | 7/27-7/31 | 9AM-Noon | \$150. | | |
| _____ Blast off to Kindergarten: Entering K (Full Day) | 7/27-7/31 | 9AM-3PM | \$250. | ___ YES | ___ NO |
| _____ Blast off to Kindergarten: Entering K (Half Day) | 7/27-7/31 | 9AM-Noon | \$150. | | |
| _____ Camp YOLO: Grades 1-7 | 7/27-7/31 | 9AM-3PM | \$250. | ___ YES | ___ NO |
| _____ Fun in the Sun: Grades K - 2 | 8/3-8/7 | 9AM-3PM | \$250. | ___ YES | ___ NO |
| _____ Camp Paint: Grades 3 - 8 | 8/3-8/7 | 9AM-3PM | \$250. | ___ YES | ___ NO |

Registration Information

All camps run Monday through Friday from 9 AM to 3 PM. Students should bring lunch, snacks and water bottle each day. Extended Care is offered as needed for camps from 3 PM to 5 PM at the cost of \$5 per hour. A \$50 non-refundable deposit is required to reserve a space for each camp. For a family registering children for more than one camp in the same week, a \$25 discount will apply for each additional sibling. Space in most camp programs is limited. A minimum number of participants is required to run each camp program. Full payments due for each camp by June 17, 2020. Return completed Registration and Participant Information Forms with \$50 deposit or full payment to: Saint Philomena School • 324 Cory's Lane • Portsmouth, RI 02871

Liability Waiver

I am the parent/legal guardian of _____ (child). On behalf of myself and child, we acknowledge and agree that there is a risk of injury and/or loss associated with child's participation in the summer programs. As a condition of participation, we assume that risk and forever waive and agree to hold St. Philomena School and its trustees, administration, employees, and agents harmless from any and all claims, liabilities, and/or damages arising out of participation in the program. I understand that the child will not be permitted to participate in the program without signing this agreement.

Parent/Guardian Signature

Date

TURN OVER TO COMPLETE PARTICIPANT INFORMATION FORM

2020 Participant Information Form

SUMMER AT SAINT PHILOMENA SCHOOL

Child's First and Last Name

Primary Parent/Guardian Contact Name / Relationship

Date of Birth

Email Address of Primary Contact

Street Address Where Child Resides

Home Phone Number of Primary Contact

City, State, and Zip Code

Cell Phone Number of Primary Contact

Alternate Release Authorization

Work Phone Number of Primary Contact

I authorize the following individual(s) to whom my child may be released from the program for dismissal and/or in the event my child is ill and the primary parent contact listed above cannot be reached.

Name Relationship Phone Number

Name Relationship Phone Number

Name Relationship Phone Number

Name Relationship Phone Number

By checking this box and signing my name, I authorize my child to walk home from the program at dismissal. Signature _____

Photo Release

I ___ authorize ___ DO NOT authorize the St. Philomena program to obtain, store, and/or use (without payment) any photographs of my child for public relations and marketing/advertising purposes and/or on the school's social media and/or website.

Emergency Medical Information *(This information will be shared with camp employees)*

Allergies (food, medication, etc.): _____

Activity restrictions or precautions: _____

List any medication child is currently taking: _____

List any special needs or important information about your child's medical history/behavior: _____

If your child will bring an Epi-pen and/or Inhaler to camp, please indicate it here: _____

Summer camp employees are not able to dispense medication. Please contact camp program coordinators with any particular information that is useful to keep your child safe and healthy.

Emergency Medical Consent

In the event of an emergency, if reasonable attempts to contact me and the alternate individuals that I have designated at the phone numbers that I have provided on this form have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the physician and/or hospital listed below:

Preferred Physician

Phone Number

Preferred Hospital

Parent/Guardian Signature Date