



# Summer at Saint Philomena



## Registration and Participant Information Form

Saint Philomena School • 324 Cory's Lane • Portsmouth, RI 02871

### Registration

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Grade in Sept 19 \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Contact E-Mail Address \_\_\_\_\_ Phone \_\_\_\_\_

### 2019 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?	
<input type="checkbox"/> <b>Camp Kaleidoscope: Grades PK (age 4) - 2</b>	6/24-6/28	9AM-3PM	\$250.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> <b>Amazing Race: Grades 3 - 8</b>	6/24-6/28	9AM-3PM	\$250.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> <b>Fun in the Sun: Grades PK (age 4) - 2</b>	7/08-7/12	9AM-3PM	\$250.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> <b>Broadway Bound: Grades 3 - 8</b>	7/08-7/12	9AM-3PM	\$250.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> <b>Peek-A-Pre K: Entering PK (Full Day)</b>	7/15-7/19	9AM-3PM	\$250.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> <b>Peek-A-Pre K: Entering PK (Half Day)</b>	7/15-7/19	9AM-Noon	\$150.		
<input type="checkbox"/> <b>Blast off to Kindergarten: Entering K (Full Day)</b>	7/15-7/19	9AM-3PM	\$250.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> <b>Blast off to Kindergarten: Entering K (Half Day)</b>	7/15-7/19	9AM-Noon	\$150.		
<input type="checkbox"/> <b>Camp YOLO: Grades 1-7</b>	7/15-7/19	9AM-3PM	\$250.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> <b>Stories On Stage: Grades PK (age 4) - 2</b>	7/22-7/26	9AM-3PM	\$250.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> <b>Camp Paint: Grades 3 - 8</b>	7/22-7/26	9AM-3PM	\$250.	<input type="checkbox"/> YES	<input type="checkbox"/> 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 for most camps (as noted above) from 3 PM to 5 PM at the cost of \$5 per hour. Extended Care is available as needed. The cost of each program is noted above. A \$50 non-refundable deposit is required to reserve a space for each camp. For a family registering for more than one camp in the same week, a \$25 discount will apply for each additional child. Space in most camp programs is limited. A minimum number of participants is required to run each camp program.

### Liability Waiver

I am the parent/legal guardian of \_\_\_\_\_ (child). On behalf of myself and child, and our respective heirs, 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.

### 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.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**TURN OVER**

**Participant Information Form** *(This information will be shared with program coordinators and adult camp employees)*

\_\_\_\_\_  
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

\_\_\_\_\_  
Work Phone Number of Primary Contact

**Alternate Release Authorization**

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 \_\_\_\_\_

**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

\_\_\_\_\_  
Phone Number

In the event that the designated preferred physician and/or hospital, as applicable, is not available, I hereby give my consent for the administration of any treatment deemed necessary by another licensed physician or at any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians (as applicable), concurring in the necessity for such surgery, are obtained before surgery is performed.

\_\_\_\_\_  
Parent/Guardian Signature Date

Return completed Registration and Participant Information Form with \$50 deposit or full payment to: