



## **SAS Summer Camp Check List:**

**\_\_ registration form**

**\_\_ registration fee**

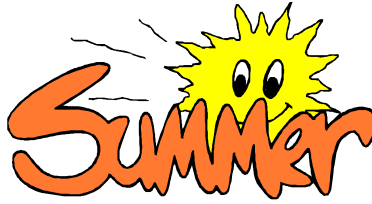
**\_\_additional t-shirt payment \$10.00 ea.**

**(T-shirts must be worn on off campus field trips)**

**\_\_cancellation policy signed/photo permission signed**

**\_\_emergency contact form**

**\_\_movie permission slip form**



## St. Alphonsus School Summer Camp Registration Form

Child's Name \_\_\_\_\_

Grade (2018/19 school year) \_\_\_\_\_ Age \_\_\_\_\_ (Students who have completed 5<sup>th</sup> Grade are eligible this year.) **\*Child must be a registered student at St. Alphonsus School OR a registered child of a St.**

**Alphonsus Parishioner. Pre-K students must be 3 years old AND potty trained by June 5th to attend summer camp.**

**\*\*Students must be 4 years old by June 4<sup>th</sup> to attend any off campus field trips.**

T-shirt size \_\_\_\_\_ (one t-shirt included in fees) ***T-shirts must be worn on off campus field trips***

***Additional t-shirts @ \$10.00 each*** \_\_\_\_\_

Parent's Name \_\_\_\_\_

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

Address: \_\_\_\_\_

Email: \_\_\_\_\_ (please print)

***Please check off the week(s) for which you are registering your child.***

\_\_\_\_\_ June 4<sup>th</sup> - June 8<sup>th</sup>  
\_\_\_\_\_ June 11<sup>th</sup> - June 15<sup>th</sup>  
\_\_\_\_\_ June 18<sup>th</sup> - June 22<sup>nd</sup>  
\_\_\_\_\_ June 25<sup>th</sup> - June 29<sup>th</sup>

**VBS**

\_\_\_\_\_ July 2<sup>nd</sup> - July 6<sup>th</sup> **NO CAMP on Wednesday, July 4th**  
\_\_\_\_\_ July 9<sup>th</sup> - July 13<sup>th</sup>  
\_\_\_\_\_ July 16<sup>th</sup> - July 20<sup>th</sup>  
\_\_\_\_\_ July 23<sup>rd</sup> - July 27<sup>th</sup>

### **Cost of SAS Summer Camp:**

*(One time, non-refundable)* \$75.00 Registration fee per student.

Tuition: \$150.00 per week ***Tuition is due the Monday of each week- no exceptions.***

Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_ R'cd. By \_\_\_\_\_

**Please note cancellation policy. Campers must provide own lunch. Breakfast and Snacks will be provided.**

**Camper Name:**\_\_\_\_\_

**CANCELLATION POLICY:** St. Alphonsus Summer Camp has a one week cancellation policy. Failure to cancel on the Monday prior to the scheduled week will result in full payment for that week of camp, regardless of attendance. While we understand last minute plans may come up, snacks, crafts, and field trips are paid for in advance for each week. By signing below, you acknowledge that you have read, understand, and agree to the St. Alphonsus Camp Cancellation Policy.

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

**I agree that, while my child is at St. Alphonsus Summer Camp, the name, voice and /or likeness of my child may be used in news publications, audiovisuals, and other electronic transmissions issued by employees or designees of St. Alphonsus Summer Camp. These information items include, but are not limited to photographs, videotapes, live broadcasts, sound recordings, and/or electronic transmissions related to the camp day, camp activities, and /or promotional or newsworthy events St. Alphonsus Summer Camp. I wave compensation or reimbursement of any kind related to the use of the above material for myself or the minor child.**

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_



**Emergency Contact Information**  
**(Required for each child enrolled)**

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade 2018/2019 \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: Home \_\_\_\_\_

Cell \_\_\_\_\_

**Emergency Contacts:**

Name \_\_\_\_\_ relationship to child \_\_\_\_\_

Phone number: \_\_\_\_\_

Name \_\_\_\_\_ relationship to child \_\_\_\_\_

Phone number: \_\_\_\_\_

Name \_\_\_\_\_ relationship to child \_\_\_\_\_

Phone number: \_\_\_\_\_

**Medical Information: Please list any medications your child is taking and any allergies we need to be aware of for summer camp.**

---

---

---

---

# St. Alphonsus School

---

13940 Greenwell Springs Road, Central, LA 70739

Telephone 225- 261-5299

FAX 225-261-2795

Mrs. Cynthia Ryals,  
Principal

## MOVIE PERMISSION SLIP

Summer Camp will be going to the movies at Celebrity Theatres. Some of the movies are rated PG. We need parental permission in order for your child to participate. If you choose for your child not to view these movies they will stay at camp and watch a G movie.

\_\_\_\_\_ **Yes**, my child has my permission to view the movies.

\_\_\_\_\_ **No**, I do not want my child to participate in this activity.

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_  
(Please Print)

Parent Signature \_\_\_\_\_

Contact # \_\_\_\_\_

**Permission slip must be returned by June 4, 2018**