



SAS Summer Camp Check List:

__ registration form

__ registration fee

__ permission form

**__cancellation policy signed/photo
permission signed**

__COVID-19 Attestation Form

__emergency contact form



Welcome to St. Alphonsus Summer Camp. To our new campers, we hope you have a wonderful summer spent with us. To our returning campers, thank you for joining us again. We can't wait for a fun filled summer!

I will try to answer as many questions as I can in this letter. We will be having a 4 week camp this summer. Camp will run every other week starting on June 7th. Due to COVID-19 restrictions, we won't be allowed off campus for field trips. We will not be providing a camp t-shirt.

Camp will run from 7:30-3:30 with an aftercare being offered for \$25.00 per camper per week. Hours of aftercare will be 3:30 to 5:30. If you aren't using aftercare your child must be picked up by 3:30 or a late fee of a dollar per minute will be charged. A late fee of 1.00 per minute will be charged per camper if campers aren't picked up by 5:30.

Reminders:

****Payment of 125.00 per camper is due on the Monday of camp. **You are responsible for payment for the weeks you signed up your child, EVEN IF YOUR CHILD WILL NOT BE AT CAMP. I must know a week in advance (the Monday before)**

Start time: is 7:30 (no early drop offs) Drop off is in the cafeteria the first door closest to the school office. You must sign your child in and sign out every day.

Close time: is 3:30 we will be offering an aftercare from 3:30 to 5:30 for an additional fee of 25.00 per child per week. The only people allowed to sign out your child are those that are listed on the emergency contact list. Please let us know if any additions need to be made to that list. If we don't recognize the person picking up your child, identification will be requested.

Bring a box lunch (no lunches are provided) we will provide breakfast (pop tart, go gurt) until 8:00 and snacks around 2:00 (goldfish, chips, etc.) Send a labeled water bottle for your child.

I can't stress this enough!!! Please label anything and everything that comes to camp.

Campers will be allowed electronic devices again this year. The campers are only allowed to play with the devices at certain times during the day. **Please label everything and be aware that we're not responsible for any lost, broken, or misplaced items. STUDENTS MAY NOT ACCESS THE INTERNET AT ANY TIME!**

If you child is entering Pre K4 – K: Campers must bring a nap mat. They will nap or rest from 12:30-2:30 every day. Please bring a change of clothes for your camper- socks, undies, shorts and a shirt in a zip lock bag with name on bag.

Individual cubbies will be provided for every camper.

Water days : Girls must wear a one piece bathing suit. If they don't have a one piece, a shirt must be worn over the bathing suit. You may put sunscreen on your child before arrival time. If you choose not to do this, please make sure that the sunscreen that you send is a spray and that they can lather themselves.

If you have any questions please don't hesitate to email me tfouts@stalphonsusbr.org or Dr. Ryals cryals@stalphonsusbr.org I can be reached through the school office Monday – Thursdays 8-1 during summer camp.

Sincerely,

Tammy Fouts

SAS Summer Camp Director

Dr. Cynthia Ryals

SAS Principal



St. Alphonsus School Summer Camp Registration Form

Registration begins March 8, 2021 and ends May 4, 2021

***Due to space limitations, no late registrations will be accepted.**

Child's Name _____

Grade (2021/2022 school year) _____ Age _____ (Students who have completed 4th Grade are eligible.) ***Child must be a registered student at St. Alphonsus School Pre-K students must be 4 years old AND potty trained by June 1st to attend summer camp.**

Parent's Name _____

Phone Number _____ cell _____

Address: _____

Email: _____ (please print)

Please check off the week(s) for which you are registering your child. 2021 Hours of camp: Camp will run from 7:30-3:30 with an aftercare being offered at an additional cost per camper per week. Hours of aftercare will be 3:30 to 5:30.

_____ June 7 th – June 11 th	125.00
_____ June 21 st – June 25 th	125.00
_____ July 5 th – July 9 th	125.00
_____ July 19 th – July 23 rd	125.00

After Care

_____ June 7 th – June 11 th	25.00
_____ June 21 st – June 25 th	25.00
_____ July 5 th – July 9 th	25.00
_____ July 19 th – July 23 rd	25.00

Cost of SAS Summer Camp:

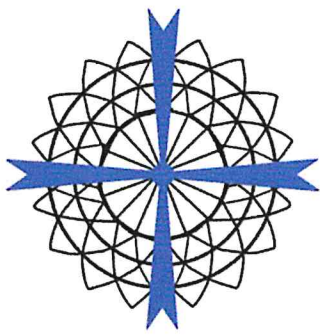
(One time, non-refundable) \$50.00 Registration fee per student.

Tuition: \$125.00 per week **Tuition is due the Monday of each week- no exceptions.**

Aftercare fee of 25.00 per week per camper **is due the Monday of each week.**

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

Amount Paid: _____ Check # _____ R'cd. By _____



St. Alphonsus Catholic School Summer Camp Field Trip Permission Form

St. Alphonsus School Summer Camp

As a convenience, this permission slip will suffice for all planned activities during Summer Camp. By signing this permission slip, you are allowing your child(ren) to attend.

1. In signing this form, I DO hereby give permission for my camper to have sunscreen applied by a camp staff member if assistance is needed. SAS Summer Camp recommends a waterproof, long wearing formula no less than SPF30.
2. In signing this form, I ACKNOWLEDGE that Summer Camp is not responsible for any lost or damaged items brought to camp by my child.
3. In signing this form, I WILL, discuss with my child the appropriate behavior for Summer Camp. My child will abide by all rules and directions of the Summer Camp Staff. I acknowledge that my child may be removed from camp for due cause including disruptive behavior, illness, use or possession of alcohol or controlled substances, a weapon, or dangerous instrument. The student will be returned to the custody of the parent/guardian who shall be responsible for all costs of this action.
4. In signing this form, I WILL notify in writing about how to communicate with an authorized person who may receive and act upon emergency messages concerning my child if I am unavailable.
5. In signing this form, I DO hereby consent and authorize SAS Summer Camp staff to take any and all action, including use of medical services and hospital facilities as they deem appropriate in the event that my child should become ill or otherwise injured under the care of the Summer Camp program.
6. In signing this form, I RELEASE SAS Summer Camp from all claims of injury, which may be sustained by my child while participating in any SAS Summer Camp sponsored activity, whether caused by negligence of the Summer Camp program or otherwise.
7. In signing this form, I RELEASE the agents, employees and representatives of SAS Summer Camp, from all claims, liability, and damages for personal injuries, property damage, or other loss arising from participation in Summer Camp field trips.
8. In signing this form, I AGREE, with the understanding that my child will be responsibly supervised, that I will not hold the SAS Summer Camp staff, St. Alphonsus School and its administration, nor any other chaperones responsible for events or situations beyond their control.

Camper's Name _____ Age _____
Camper's Name _____ Age _____
Camper's Name _____ Age _____

Parent's Name (printed) _____ Signature _____

Cell Phone _____ Work Phone _____

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 watching movies at camp. Some of the movies are rated PG. We need parental permission in order for your child to participate.

_____ **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 with registration.

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 waive compensation or reimbursement of any kind related to the use of the above material for myself or the minor child.

Signature_____ **Date**_____

DIOCESE OF BATON ROUGE
COVID-19 CONSENT FORM AND LIABILITY WAIVER

Name(s) of Child(ren): _____

Birth date(s): _____ Gender(s): _____

Parent/Guardian's name: _____

Home address: _____

Home phone : _____ Business phone: _____

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and social distancing is therefore recommended. St. Alphonsus Parish/School will follow state and local standards of conduct and has put in place reasonable preventative measures to reduce the spread of COVID-19 at its Parish/School activities, including but not limited to summer camp. (However, even though such standards will be followed and reasonable measures are now in place, St. Alphonsus School cannot guarantee that your child(ren) or you will not become infected with COVID-19. Further, your child(ren)'s attendance at summer camp could increase his/her/their risk, and yours, of directly or indirectly contracting COVID-19.

By signing this *COVID-19 Consent Form and Liability Waiver* ("**Agreement**"), I acknowledge the contagious nature of COVID-19 and that my child(ren) and I may be exposed to or infected by COVID-19 by his/her/their participation in St. Alphonsus School ("**Parish/School**") summer camp and that such exposure or infection may result in personal injury, illness, permanent disability, and even death ("**Injury**"). I understand that the risk of becoming exposed to or infected by COVID-19 at summer camp may result from the actions, omissions, or negligence of myself and/or others, including, but not limited to, St. Alphonsus School employees, volunteers, and participants in summer camp and their families.

Considering the foregoing, however, I, _____, grant permission for my child(ren) named above to participate in all summer camp activities.

I confirm that no changes are required to the Medical Information Consent form for my child(ren) that I previously submitted. If any changes to it become necessary, I will promptly complete and deliver another Medical Information Consent form to the Parish/School to replace it.

I further agree on behalf of myself, my child(ren) named herein, and my spouse (if any), my/our heirs, successors and assigns, to release, indemnify and hold harmless the Parish/School and The Roman Catholic Church of the Diocese of Baton Rouge, its/their members, directors, officers, employees, agents and representatives ("**Indemnitees**"), from all claims related to an Injury associated with an Activity and arising from or in connection with the negligent acts or omissions of the Indemnitees, but ONLY in regard to the prevention of the spread of the COVID-19 virus. I SPECIFICALLY ACKNOWLEDGE AND AGREE TO THE FOREGOING.

Signature: _____
Print Name: _____

Date: _____, 2020



Emergency Contact Information
(Required for each child enrolled)

Child's Name _____

Birthdate ____/____/____ Grade 2021/2022 _____

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.
