



**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!

We will be offering summer camp 7 weeks this summer. **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. A late fee of 1.00 per minute will be charged per camper if campers aren't picked up by 3:30 for camp and 5:30 for aftercare.**

**Reminders:**

**\*\*Payment of 160.00 or 185.00 (for aftercare 3:30-5:30) per camper will be collected ( cash or check) the Monday of each week your child(ren) attends 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 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. Please no straws.

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

Campers will be allowed electronic devices again this year that do not require internet usage. 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 your child is entering Pre K4 – K grade:** 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.

If you have any questions please don't hesitate to email me [tfouts@stalphonsusbr.org](mailto:tfouts@stalphonsusbr.org) or Dr. Ryals [cryals@stalphonsusbr.org](mailto: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**

**\*Due to space limitations.**

**Registration begins March 6, 2023 and ends May 1, 2023**

**If you register your child(ren) after May 1, 2023 there will be a 50.00 late fee per child.**

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

Grade (2023/2024) school year) \_\_\_\_\_ Age \_\_\_\_\_ (Students who have completed 5<sup>th</sup> Grade are eligible.) **\*Child(ren) must be a registered student at St. Alphonsus School. Pre-K students must be 4 years old AND potty trained. They can attend camp on or after their 4<sup>th</sup> birthday.**

T-shirt size \_\_\_\_\_ (one t-shirt included in fees)

**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. 2023 camp hours will run from 7:30-3:30 with aftercare hours being offered at an additional cost per camper per week. Hours of aftercare are 3:30-5:30.**

- \_\_\_\_\_ June 5<sup>th</sup> - June 9<sup>th</sup>
- \_\_\_\_\_ June 12<sup>th</sup> - June 16<sup>th</sup> VBS
- \_\_\_\_\_ June 19<sup>th</sup> - June 23<sup>rd</sup>
- \_\_\_\_\_ June 26<sup>th</sup> - June 30<sup>th</sup>
- \_\_\_\_\_ July 3<sup>rd</sup> - July 7<sup>th</sup> NO CAMP JULY 4<sup>th</sup> (128.00)
- \_\_\_\_\_ July 10<sup>th</sup> - July 14<sup>th</sup>
- \_\_\_\_\_ July 17<sup>th</sup> - July 21<sup>st</sup>

**Aftercare**

- \_\_\_\_\_ June 5<sup>th</sup> - June 9<sup>th</sup>
- \_\_\_\_\_ June 12<sup>th</sup> - June 16<sup>th</sup> VBS
- \_\_\_\_\_ June 19<sup>th</sup> - June 23<sup>rd</sup>
- \_\_\_\_\_ June 26<sup>th</sup> - June 30<sup>th</sup>
- \_\_\_\_\_ July 3<sup>rd</sup> - July 7<sup>th</sup> NO CAMP JULY 4<sup>th</sup> (20.00)
- \_\_\_\_\_ July 10<sup>th</sup> - July 14<sup>th</sup>
- \_\_\_\_\_ July 17<sup>th</sup> - July 21<sup>st</sup>

**Cost of SAS Summer Camp:**

**(One time, non-refundable) \$100.00 Registration fee per student. Registration fee will need to be paid at the time of registration by cash or check. Tuition will be collected by cash or check on the Monday of each week your child(ren) attend camp.**

**Tuition: \$160.00 per week                      Aftercare: 25.00 per week**

**A 35.00 NSF fee will be charged for each returned item.**

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 that 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 at 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 \_\_\_\_\_

**EMERGENCY**



**INFORMATION**

**(Required for each child enrolled)**

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

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade 2023/2024\_\_\_\_\_

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.**

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# St. Alphonsus School

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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 with registration**

# St. Alphonsus Catholic School Summer Camp Field Trip Permission Form

St. Alphonsus School Summer Camp plans many field trips throughout each week of the program. 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 ALL trips scheduled.

1. In signing this form, I DO hereby give permission for my camper to leave SAS on all Summer Camp field trips. All campers will be under direct care of camp staff during field trips.
2. In signing this form, I DO hereby give permission for my camper to have sunscreen and insect repellent applied by a camp staff member if assistance is needed. SAS Summer Camp recommends a waterproof, long wearing formula no less than SPF30. For the insect repellent, it is recommended to avoid products that include DEET. (You may do your own research on DEET and sunscreen products.)
3. In signing this form, I ACKNOWLEDGE that Summer Camp is not responsible for any damage of an item brought to camp by my child.
4. 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 the trip 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.
5. 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.
6. 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.
7. 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.
8. 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.
9. 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 \_\_\_\_\_