SAINT AGNES SUMMER CAMP

REGISTRATION FOR SPARK CAMP

Camper's Full Name _____ First Name to be used at camp _____

Age _____ Date of Birth _____ Sex ❑ M ❑ F Ethnicity _____

Home Address _____ City _____ County _____ Zip Code _____

Mailing Address (if different from home) _____

Primary Phone Number _____

Mother's Name (Maiden Also) _____

Home Address (If different from child's) _____

Primary Phone _____ Cell Phone _____ E-mail Address _____

Occupation _____ Place of Employment _____ Work Phone _____

Father's Name _____

Home Address (If different from child's) _____

Primary Phone _____ Cell Phone _____ E-mail Address _____

Occupation _____ Place of Employment _____ Work Phone _____

Parents are ❑ Married ❑ Separated ❑ Divorced ❑ Other

Is there a custodial parent? _____ If yes, please file a copy of custody agreement with the school office.

EMERGENCY INFORMATION

List two people who can assume temporary care of your child during camp hours if you can not be reached (in case of a sick child, etc.)

Name _____ Phone _____

Name _____ Phone _____

PHOTO/VIDEO RELEASE

I ❑ DO ❑ DO NOT *(please check one)* want my child to be photographed or videotaped at camp. Photos or videos may be published in the newspaper, magazine, the school website or other publications. The video may be used for information or educational purposes regarding the programs or curriculum at St. Agnes School or SPARK Camp.

MEDICAL INFORMATION

Does your child have any significant medical conditions that require a medical action plan? (Ex. allergy with anaphylaxis; chronic health concern) _____

_____

_____

In case of an accident or illness, I request the school contact me. If unable to reach, me, I hereby authorize the school to call the physician listed below and follow his/her instructions. If impossible to contact this physician, the school may take whatever action deemed necessary.

Local Physician's Name _____ Phone _____

Address _____

PEOPLE WHO HAVE PERMISSION TO PICK UP YOUR CHILD FROM CAMP

Please list below any person who has your permission to pick up your child from camp, so that we may avoid any embarrassment, inconvenience or confusion. The camp will not release your child to anyone who does not have written permission from you so do so. Please use an additional sheet of paper if necessary.

Name	Address	Phone	Relationship

SUNSCREEN & BUG SPRAY AUTHORIZATION

Please apply sunscreen to your child before drop-off each morning. We often head right outside, and this way campers are ready to play! We will reapply after lunch, so make sure to pack a labeled bottle for your child to use at camp. Please check yes or no for each question.

- ❑ Yes ❑ No I consent to have my child carry and use sunscreen she/he has brought to camp, which is FDA approved for over the counter use to avoid overexposure to the sun
- ❑ Yes ❑ No I consent to have my child carry and use bug spray she/he has brought to camp, which is FDA approved for over the counter use to repel biting insects
- ❑ Yes ❑ No I consent to have a summer camp member assist with the application of sunscreen when my child is unable to do so, or if my child requests assistance
- ❑ Yes ❑ No My child can use sunscreen provided by St. Agnes Summer Camp
- ❑ Yes ❑ No My child can use bug spray provided by St. Agnes Summer Camp

FIELD TRIPS

Part of what makes St. Agnes Summer Camp such a wonderful experience for campers is that they get to enjoy a variety of activities, locations, and field trips throughout the summer.

"Camp Days" at the Daisy Reiss Camp Property

Our camp is fortunate to have the use of the Daisy Reiss Camp property located off of Saranac Avenue on Daisy Way just past Hannaford on the right. Camp will be held at the Daisy Reiss Camp on days that are listed as "Camp Day" on the weekly calendar. On any day that is a "Camp Day," campers should be dropped off at St. Agnes School by 9 a.m. to take the bus to the property. Campers will return to St. Agnes School from the property at 4:30 p.m. If you wish to drop off or pick up your child between 9 a.m. and 4:30 p.m., please do so at the Daisy Reiss Property.

Fun Fridays

On Fridays during the summer, campers will participate in a full day field trip to the Cumberland 12 Cinemas for a movie and Cumberland Bay State Park for a picnic lunch and swimming at the beach. The Friday field trip bus will leave at 9 a.m. and return at 4:30 p.m.

ST. AGNES SUMMER CAMP SWIMMING

The Reiss Camp property that St. Agnes campers will have access to has a permitted swimming pool for our use.

- Campers will be grouped by age and ability for swimming.
- There will be at least two certified counselors with the group at all times in addition to a trained lifeguard.
- Children will change into swimsuits in the camp changing facilities and walk to the pool for swimming. We will follow all of the Dept. of Health guidelines for Summer Camp Swimming.
- We have a written safety plan that includes a buddy system with buddy checks every 15 minutes and a detailed plan to monitor each child's ability and location while at the pool.
- Children under 48 inches tall will be required to wear a lifejacket in the pool at all times.

❑ YES, my child has permission to participate in the St. Agnes Summer Camp swimming program.

❑ NO, my child does not have permission to swim in the St. Agnes Summer Camp swimming program. My child needs to stay with the group that is not swimming.

ST. AGNES SUMMER CAMP CONDUCT POLICY

I understand that the school administration reserves the right to dismiss a camper when, in its judgment, the camper's behavior interferes with the rights of others, the functioning of the group or activity, or violates St. Agnes School Discipline Code and Standards of Discipline as outlined in the Parent Handbook (stagneslp.org). In this case, no refunds will be given.

PARENT ACKNOWLEDGEMENT

By signing this form, I agree for myself, my child and our representatives, to release and hold harmless St. Agnes School, St. Agnes Church, and the Diocese of Ogdensburg, and any of its affiliates and employees from all claims, actions, liability, loss, damage, controversies, accidents and injuries, and any expense, which in any way may arise from my child's participation in a St. Agnes School or Camp program. Additionally, by signing this contract, I agree to indemnify and hold harmless St. Agnes

School for any claims, accidents, and injuries that are caused by my child I have read this form and I agree to the camp policies and field trip activities as stated.

I understand that there are risks of physical injury associated with participating in these camp activities and field trips. I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the applicant. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the sponsor staff in charge to obtain emergency care for my child, neither he/she nor the sponsor assumes financial liability for expenses incurred because of the accident, injury, illness and or unforeseen circumstances. All camp activities regardless of location are an extension of the mission of the sponsor program and participants' conduct is to be in accordance with the sponsor's rules and regulations.

Please return this registration form to the school office along with a completed health history form and current vaccination record. Vaccination records can be faxed to the school at (518) 523-2203. Please also complete the Medical Action Plan if your child has food allergies or a history of anaphylaxis.

Please note that peanut products are not allowed at St. Agnes Summer Camp.

BILLING

I understand that billing for camp is done weekly, after services are rendered. Families who accrue a balance of $500 or more or have an outstanding balance from previous years will not be eligible to attend until payment is made.

- ❑ Please bill me electronically through Square invoice (you can make card payments online or use your card, check, or cash in person)
- ❑ Please bill me through FACTS (available only for families whose children are currently enrolled at St. Agnes School)
- ❑ Please have someone contact me about the childcare subsidy program through Essex County

_____ _____
Camper's Signature Date

_____ _____
Parent/Guardian's Signature Date

_____
Please Print Parent/Guardian's Name

_____ _____
Parent/Guardian's Signature Date

_____
Please Print Parent/Guardian's Name