ST. MARY'S PRESCHOOL

CAMP VICTORY 2024

Summer Camp Offering

NAME OF CHILD:		
Date of Birth (mm/dd/yyyy):	Age:	Gender: ☐ Male ☐ Female

Summer Camp Enrollment Fees DUE the Wednesday prior to the week of camp attending. Credit will not be given for unused days.	
☐ T/W/Th Camp - 9:00am-1:00pm $90 tuition + $10 material fee per week	☐ T/W/Th Extra Hour - 1:00-2:00pm $20 per week
OR Full Summer Camp Enrollment - ALL SIX WEEKS DUE to be paid in full by May 31, 2024. Credit will not be given for unused days.	
☐ All Six Weeks - DISCOUNTED PRICE T/W/Th Camp - 9:00am-1:00pm $500 + $50 material fee	☐ All Six Weeks - DISCOUNTED PRICE T/W/Th Extra Hour - 1:00-2:00pm $100

CHOOSE WEEKS TO ENROLL Children Ages 2-5 yrs old *Children must be 2 by 1/1/24 and toilet trained*	
☐ June 4-6	☐ June 25-27
☐ June 11-13	☐ July 9-11
☐ June 18-20	☐ July 16-18

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1 Name:	Parent/Guardian #2 Name:
Relationship:	Relationship:
Cell Phone:	Cell Phone:
Mailing Address:	Mailing Address:
Primary Email:	Primary Email:

AUTHORIZATION TO RELEASE CHILD

In case of an emergency, or if I am unable to be reached or pick up my child, I authorize St. Mary's Preschool (SMP) to release my child to the following persons. **I understand that additions or deletions to this list must be submitted in writing for SMP to honor them.** For the safety of your child, persons whom staff members do not recognize WILL be asked for identification, even if they are listed as a designated adult. All persons authorized to pick up must be at least 18 years of age.	
Contact #1 Name:	Contact #2 Name:
Relationship to Child:	Relationship to Child:
Phone Number:	Phone Number:

MEDICAL RELEASE INFORMATION

I hereby grant permission for the staff of St. Mary's Preschool (SMP) to seek medical attention for my child if I cannot be reached in the event of an emergency. I agree to hold harmless and release St. Mary's Preschool from all liability arising from any such emergency. I assume responsibility for payment of any services needed.	Parent/Guardian Initials:
As the parent/guardian of the above named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated below.	

Physician's Name:
Physician's Phone:
Known Allergies:
If allergies are present, please describe symptoms &/or reaction:
Epi Pen needed: ☐ Yes ☐ No ☐ Not Applicable
Does your child have any physical problems or limitations, mental health disorders, developmental disabilities or other problems which might limit his/her participation in our center's program? Please describe.
Any other information you feel we should know about your child:

Parent/Guardian Signature: _____ **Date:** _____