

St. Francis Summer Day Camp
528 Main Street
Metuchen, New Jersey 08840
(732) 548-3107
Enrollment Form

Dear Parents: **Please read, sign and mail this application and enrollment form:**

1. A \$75.00 registration fee for each child and \$200.00 security deposit for each child are due with this application.
2. Any application postmarked **before March 2, 2018** can **deduct \$25.00 from each registration fee.**
3. The registration fee is in addition to the camp fee and is non-refundable. The \$200.00 security deposit is applied toward your total camp fee. If this security deposit is not received by March 2, 2018 we cannot guarantee your child (ren) a spot in camp.
4. Remaining balance of the camp fee is due no later than May 7, 2018.
5. No child will be permitted in camp without the FULL tuition being paid and a completed and signed medical form (STATE LAW).
6. Make all checks payable to: **St. Francis**. There is a \$25.00 charge due immediately for any returned checks **in addition** to any fees owed to camp.
7. **ONCE CAMP BEGINS THERE WILL BE NO CREDITS OR REFUNDS OF ANY FEES FOR CANCELLATIONS, VACATIONS, ILLNESSES OR ABSENCE OF ANY KIND.**
8. A 5% sibling discount for 2 children will be deducted from each child's tuition. A 10% discount for 3 or more children will be deducted from each child's tuition.
9. **I give permission for my child's photo or video to be used in its camp literature and promotional materials.**
10. **TRIP CONSENT:** Permission is granted to the staff at ST. FRANCIS SUMMER DAY CAMP to take my child on trips outside of the camp. The staff will exercise every reasonable precaution consistent with health care and safety. The camp reserves the right to change any scheduled trips or activities.
11. My child (ren) has permission to participate in all camp activities.
12. The camp does not provide lunch or snack for campers. However, we do refrigerate the lunch that you send or pack them in an ice cooler when going on trips. All snacks must be packed separately and labeled.
13. **Medication is administered only with both the doctor's and parent's written authorization. Prescription medication must be stored in its original prescription container and must have an action plan signed by your child's doctor.**
14. The camp is not responsible for clothing or personal belongings lost on premises or trips.
15. Tuition includes camp T-shirt, camp activities, craft supplies and all local trips.
16. We reserve the right to remove any child from camp.
17. In the event of an emergency, if you or anyone you listed cannot be reached, you hereby grant permission to the staff to bring your child to the nearest hospital emergency room.
18. **The last day of camp is August 10, 2018 and will close at 3:00 p.m.**
19. **Camp will close at 3:00 p.m. on Tuesday, July 3, 2018 and there will not be camp on Wednesday, July 4, 2018.**

I have read this enrollment form in its entirety and agree to all the terms listed above.

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Please Print Name	Relationship	Adult Signature	Date
** Applications POSTMARKED before March 2, 2018 Send in signed application with \$250.00 per camper			
** Applications POSTMARKED after March 2, 2018. Send in signed application with \$275.00 per camper.			
** You can send in more toward your camp fees or pay in full if you would prefer.			

THIS PORTION OF THE APPLICATION MUST BE SIGNED AND RETURNED TO MRS. RIZZO

St. Francis Cathedral Camp NO CHECKS ACCEPTED AFTER: May 7, 2018

ALL NON ST. FRANCIS STUDENTS ATTENDING CAMP MUST PROVIDE PROOF OF IMMUNIZATION WITH APPLICATION

Child Grade entering in September 2018:

First _____ Middle _____ Last _____

School Name _____ Birth date _____ Age _____

Parent/Guardian

Mom's Name _____ Dad's Name _____

Street Address _____

Town/City _____ State _____ Zip Code _____ Home Phone _____

Work Phone Mom _____ Work Phone Dad _____

Cell phone Mom _____ Cell Phone Dad _____

E-mail _____

Emergency Contact #1

First Name _____ Last Name _____ Best number to be reached at _____

Emergency Contact #2

First Name _____ Last Name _____ Best number to be reached at _____

Medical Release Information

Insurance Policy Number _____ Name of provider _____

Primary Physician _____ Phone Number _____

Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Does your child have any allergies to food or medication? _____ YES _____ NO

If yes, explain: _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. The health history is correct as so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Shirt size: NO EXCHANGES **Circle Choice:** Child's 6-8 Child's 10-12 Child's 14-16 Adult Small Adult Med Adult L Adult XL

Pool Consent Form

I, _____, give my child, _____ permission to use the following facilities at the Metuchen Pool:

____ Kiddie Pool ONLY _____ 3 feet ONLY _____ up to 4 feet _____ 5 feet

____ all pool facilities which include the diving board and slide provided my child passes the deep water test

Parent's Signature _____ **Date** _____

St. Francis Summer Camp-Schedule of days

Date of application _____

NO CHECKS ACCEPTED AFTER May 7, 2018

Camper's Name _____

Parent Email: _____

Check Program Desired:

- Regular Day
- Half Day
- AM 8:30-12:00
- PM 12:00-3:30
- Pick Your Own Day

Pick Your Own Days: Please fill in the dates that you will be attending

Mon	Tues.	Wed.	Thurs.	Fri.
0 6/18	0 6/19	0 6/20	0 6/21	0 6/22
0 6/25	0 6/26	0 6/27	0 6/28	0 6/29
0 7/2	0 7/3	OFF	0 7/5	07/6
0 7/9	0 7/10	0 7/11	0 7/12	0 7/13
0 7/16	0 7/17	0 7/18	0 7/19	0 7/20
0 7/23	0 7/24	0 7/25	0 7/26	0 7/27
0 7/30	0 7/31	0 8/1	0 8/2	0 8/3
0 8/6	0 8/7	0 8/8	0 8/9	0 8/10

Check Appropriate Box:

Do not use this for Pick Your Own Day

- All 8 weeks
- Week 1 June 18-22
- Week 2 June 25-June 29
- Week 3 July 2-6
- Week 4 July 9-13
- Week 5 July 16-20
- Week 6 July 23-July 27
- Week 7 July 30-August 3
- Week 8 August 6-10

Please check if you intend to use: FOR A SEPARATE FEE PLEASE SEE BELOW TIMES AND FEES

Before Camp 7:30-8:30 \$5.00 PER DAY per FAMILY

After Camp 3:30-6:00 \$18.00 PER DAY per FAMILY