



St. Ann Summer Camp 2017

May 31-July 28

(Dates are subject to change)

Summer Camp applications will be accepted on a first come, first served basis until spots are filled OR April 28, whichever comes first. You may turn in the application and fees any time during E-Care hours. Enrollment is full time only, for children **going into Kindergarten-6th grade next school year**. Summer Camp is NOT available for children going into/repeating Pre-Kindergarten. **Weekly fees are \$125 per child, and due EVERY MONDAY, regardless of attendance.** We are closed Tuesday, July 4.

In order to be accepted, the following will apply:

- A. Current fees must be paid in full and/or no past summer/school balances.
- B. Children must be St. Ann students or parishioners.
- C. Each child MUST have a COMPLETED application, t-shirt/backpack order, and all fees paid

To register, print forms from the school website and turn in with the registration fee before April 28

Fees due AT registration (ALL fees NONREFUNDABLE):

- A. **\$25 EARLY registration fee until March 31, \$50 LATE registration fee after Mar. 31.** April 28 is the LAST day to register. Check should be made payable to St. Ann E-Care.
- B. **\$415 per child activity fee,** check should be made payable to St. Ann E-Care
- C. **\$25 for 5 Summer Camp t-shirts, \$5 for Summer Camp Retreat t-shirt and \$10 for a Summer Camp backpack,** for new enrollees AND those who need new ones. Check should be made payable to CJ Custom Embroidery. **Order forms MUST be turned in with registration forms. Registration will not be accepted from new enrollees without this form.**

Registration will not be accepted without all forms filled out correctly and ALL fees paid

The Summer Camp activity calendar and supply list will be emailed when completed. You will also receive weekly field trip information sheets and reminders.

For more information, see Karen or Carol, or call 382-3370
E-mail us at: karen.otts@sascolts.org and carol.caesar@sascolts.org

St. Ann Summer Camp 2017

6529 Stage Rd. Bartlett, TN 38134 (901) 382-3370

Child's Full Name _____ Date of Admission _____

What name does your child go by? _____

Male ___ Female ___ Date of birth _____

CIRCLE grade your child WILL be in for the school year of 2017-2018:

K 1 2 3 4 5 6

If parents are divorced, separated, etc., who has custody of the child? _____
(Legal papers **MUST** be on file with us to enforce)

Child's address _____
(PHYSICAL address, **NOT** P.O. BOX)

Mother's Name _____

home address _____

city _____ zip code _____ home phone _____

place of employment _____

business address _____ work hours _____

*work phone _____ *cell phone _____

Father's Name _____

home address _____

city _____ zip code _____ home phone _____

place of employment _____

business address _____ work hours _____

*work phone _____ *cell phone _____

***Parents MUST be able to be reached while child is in our care**

List those, OTHER THAN PARENTS, to whom your child may be released:

ADDITIONAL CHILDREN IN HOME:

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

PERMISSIONS / RELEASE

1. I hereby authorize St. Ann E-Care staff to act on my behalf in seeking and approving emergency medical treatment.
2. I have received and read a copy of the licensing requirements provided by the Department of Education and St. Ann E-Care policies and procedures.
3. I have completed the application and emergency records are up to date.
4. My child's health records are in the school office.
5. I release St. Ann from all liabilities of all sponsored activities of the program.
6. I have received a copy of my rights as a client, and I am familiar with the grievance process.

PARENTAL SIGNATURE _____ **Date** _____

St. Ann Summer Camp Health History

Name _____ Birth date _____

Tell us if your child has **ANY** medical issues that we need to be aware of while caring for your child. All information is confidential, so please answer all questions as thoroughly as possible. This information will be beneficial in the event that we are unable to reach you quickly during health concerns.

1. Is your child on **ANY** medication; if so, what and why? _____

2. List **ALL** allergies: _____

3. If your child is allergic to bee/insect stings, what kind of a reaction is it?

4. Does your child have a seizure condition? If so, what should we expect before, during, and after the seizure?

5. Does your child have severe headaches/migraines? If so, how frequently do they occur and how do you alleviate the pain? _____

6. Does your child have ANY form of asthma or respiratory problem? If so, does he/she use/carry an inhaler?

7. Are there any restrictions to physical activities? If so, please explain. _____

8. Please list any information that you feel would be beneficial in helping us care for your child (any fears/phobias, cannot swim, gets car sick, throws up easily, must wear glasses all the time, overheats easily because of medicine, etc.).

Child's physician _____ Phone number _____

Physician's address _____

Dentist _____ Phone number _____

Medical Insurance Co. _____

Address _____

Policy# _____

Emergency Numbers: Mom _____ Dad _____

1. I hereby authorize E-Care staff to act on my behalf in seeking and approving emergency medical treatment.
2. I give my permission for E-Care staff to clean wounds with hydrogen peroxide, to apply Neosporin to cuts/scratches, and apply topical Benadryl to bug bites and rashes.

Exceptions/Comments: _____

Parental Signature _____ **Date** _____

**St. Ann E-Care
2017
Emergency Contacts**

Persons to call in an emergency, when parents cannot be reached. They must be able to pick your child up for you within thirty minutes and **CANNOT LIVE OUT-OF-STATE. The Department of Education requires us to have three emergency contacts on file for each child. Registration forms will not be accepted without three emergency contacts listed.**

Name of Child/Children _____

Emergency Contact Person #1

name _____ cell phone _____

home address _____ home phone _____

place of employment _____ work phone _____

business address _____

Emergency Contact Person #2

name _____ cell phone _____

home address _____ home phone _____

place of employment _____ work phone _____

business address _____

Emergency Contact Person #3

name _____ cell phone _____

home address _____ home phone _____

place of employment _____ work phone _____

business address _____

Parental Signature _____ **Date** _____

ST. ANN SUMMER CAMP 2017

PAYMENT AGREEMENT

1. Fees due at registration: registration fee and \$415 activity fee; if needed, \$25 for Summer Camp t-shirts, \$5 for Retreat t-shirt, and \$10 for Summer Camp backpack. All fees are nonrefundable.
2. Payment of \$125 per child per week is due EVERY MONDAY.
3. You are obligated to pay for EVERY WEEK that Summer Camp is open, regardless of attendance.
4. You are allowed ONE WEEK of vacation, IF your child is ABSENT for one full week (Monday-Friday). You MUST inform us which week will be your vacation week.
5. If payment is not received by NOON, WEDNESDAY, a \$25 late payment fee will be charged to your account.
6. There is a \$55 service charge for returned checks. After two returned checks, we will only accept a money order or cashier's check.
7. Nonpayment of fees will result in your child being dropped from enrollment and his/her spot given to another child.
8. Summer Camp dates are May 31-July 28 and is closed on July 4. Childcare is NOT available between the last day of Summer Camp and the first day of school, Tuesday, Aug. 8. Dates are subject to change and you will be notified of any changes.

I understand that I am obligated to pay for ALL weeks of Summer Camp, regardless of attendance, except for ONE full week (Mon.-Fri.) of vacation. I understand that if payment is not made every week, my child will be dropped from enrollment and his/her spot will be given to another child.

Child's Name _____

Parental Signature _____ Date _____

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Pain Reliever Authorization Form

In the event that your child needs a pain reliever for a headache, earache, etc., we can give Tylenol, Advil, or Motrin with written authorization from a parent, without calling you at work. We will inform you at pickup if we have medicated your child. We do request that you provide us with a bottle of the pain reliever (labeled with your child's name) that your child uses if your child needs it frequently.

I authorize St. Ann E-Care staff to give my child Tylenol, Advil, or Motrin for a headache, earache, etc.

- a. YES
- c. Yes, but with phone call beforehand
- d. NO

Name of child/children _____

Parental Signature _____ Date _____

E-mail

We will email the Summer Camp activity calendar, weekly field trip information sheets, reminders and important information. Please list the email address you would like us to use. If your e-mail address is case sensitive, please print it exactly the way it must be entered.

Name _____

Email _____

Name _____

Email _____

Acknowledgment Form

To complete your child's registration, you must READ the St. Ann E-Care Handbook. Discuss all information pertaining to your child with your child so that he/she has a clear understanding of all of our rules and his/her responsibilities. This form must be signed and returned BEFORE the first day of Summer Camp to complete your child's registration.

I have read the St. Ann E-Care Handbook and have discussed it with my child/children.

Name(s) of child/children _____

Parental Signature _____ Date _____

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Permission Slip

I, _____, the legal guardian of

_____, do hereby give my child/children permission to go on all scheduled field trips. I give permission for sunscreen to be applied to my child/children. If I do not provide sunscreen for my child/children, St. Ann staff has my permission to use any sunscreen available. If I do not send insect repellent for park days, I give my permission for St. Ann staff to use any bug repellent available on my child/children.

Signature _____

Date _____

Exclusions/Comments: _____

Summer Camp T-Shirts and Backpack

Wearing the same shirt is a great way for us, and others, to quickly identify our children, especially when on field trips. Since safety is our primary goal, the Summer Camp t-shirt is our uniform. All children MUST wear their Summer Camp t-shirt all day, EVERY day. T-shirts are neon yellow-green and have the St. Ann E-Care logo embroidered in black. **All new enrollees and those who need new shirts must order shirts AT registration. Shirts are sold in sets of 5 for \$25.** There is also a Summer Camp Retreat t-shirt for those attending the annual retreat. This shirt is \$5.

Also, ALL children are required to have a Summer Camp backpack to keep up with their belongings on field trips. **The cost of the backpack is \$10.**

Detach and return with payment at registration

Please put order form AND payment in a sealed envelope marked with your child's name, and return WITH registration forms. **Make check payable to CJ Custom Embroidery.**

Child #1 name _____

CIRCLE size: CHILD small medium large
 ADULT small medium large

Child #2 name _____

CIRCLE size: CHILD small medium large
 ADULT small medium large

Child #3 name _____

CIRCLE size: CHILD small medium large
 ADULT small medium large

Amount for Summer Camp t-shirts: \$_____.

Amount for Retreat t-shirt: \$_____.

Amount for backpack: \$_____.

TOTAL amount enclosed is \$_____.