

# Camp Maple 2011 Registration

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

\_\_\_\_ Male or \_\_\_\_ Female      Date of Birth \_\_\_\_\_

_____ Session 1:	May 23-27	Dino Dig
_____ Session 2:	June 13-17	Creepy Crawlies
_____ Session 3:	June 27-July 1	Mad Science
_____ Session 4:	July 11-15	Let's Get Cooking!
_____ Session 5:	July 25-29	Oh. the Drama!
_____ Session 6:	Aug 1-5	Arts and Crafts

The time for each session is 9:00 a.m. until 1:30 p.m. and Camp Maple is open to children aged 2–10 years. Please choose the session(s) above you would like your child to attend. The cost per session is \$150 (\$75 for additional children in the same family). One deposit check in the sum of \$25 for each child should accompany this form. That one deposit will hold your child's space in any or all of the above listed sessions. You will receive an invoice for the remainder on the first day of each session.

Parent/Guardian \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about Camp Maple? \_\_\_\_\_

What other summer programs would you like to see offered? \_\_\_\_\_

\_\_\_\_\_

Medical History & Release

Please list any allergies to food, medications or other: \_\_\_\_\_

St. Luke's strives to avoid snacks that contain nuts or are processed on equipment where nuts are present. However, we are not a peanut-free facility, as some children bring peanut butter for their lunch. If your child has a nut allergy, please list the steps you would like for us to take in the event of an allergic reaction at camp: \_\_\_\_\_

Please list any ongoing medical conditions: \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician or dentist indicated below and to follow his or her instructions.

Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_

If it is impossible to contact the above dentist or physician, the school may do any or all of the following: (a) call another physician or dentist; (b) accompany my child to a medical office or hospital; (c) call an ambulance.

Please list the people who have permission to transport your child to and from camp.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

I have completed the Registration and Medical Release form and request my child to attend Camp Maple. My child has permission to use all of the playground equipment and engage in all the planned activities.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date Signed