

Cool Kids Zone! Summer Day Camp Registration

St. Clare School • 2010 Summer School Year

One Form Per Camper

Camper Information

Camper Last Name Camper First Name Camper Home Phone Camper Age Grade

Mother Last Name Mother First Name Mother Cell Phone

Father Last Name Father First Name Father Cell Phone

Household Street Address City State Zip

School Currently Attending

Camp Selection

Please mark the type of camp you desire for this camper for each week. Please circle choice of Specialty item.

Camp will be closed on Monday, July 5 for Independence Day. No Academics available during Week 4 and Week 8.

Week	Field Trip	Basic Camp	Basic Camp & Academics	Academics Only	Specialties (See Brochure)
		\$195/Week	Add \$20/Week	\$180/Week	\$40/Each
1	June 14 – 18	Discovery & Tech Museums			Cooking
2	June 21 – 25	Monterey Bay Aquarium			
3	June 28 – July 2	California Academy of Science			Science
4	July 6 – 9	San Francisco Zoo	*	Not Available	
5	July 12 – 16	Great America			Cooking
6	July 19 – 23	Santa Cruz Boardwalk			
7	July 26 – 30	Raging Waters			Science
8	August 2 – 6	Angel Island (by Boat)		Not Available	

* Basic Camp Fee for Week 4 is \$185.00

Photograph Release

Photographs of Campers may be taken for promotional purposes. Campers in photographs will never be identified.

St. Clare School may use photographs of my Camper for promotional purposes on an as-needed basis: ___ Yes / ___ No

We/I accept the Terms and Conditions of the Summer Day Camp provided separately.

We/I grant Authorization to Provide Medical/Dental Care as described on the reverse.

We/I agree to pay all Summer Day Camp Tuition and Fees on time and in full.

We/I understand that no payments of tuition or fees will be refunded for any reason.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Please Complete Both Sides Of This Document

Cool Kids Zone! Summer Day Camp Emergency Information

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One Form Per Camper

Camper Information

Last Name

First Name

Home Phone

Date of Birth

Medical/Dental Information

Medical Insurance Provider

Insurance Policy/ID Number

Physician Name

Physician Phone

Dentist Name

Dentist Phone

Emergency Contact & Release Information

Provide the name and telephone number of three people who may act on your behalf in the event of an emergency if you are unavailable and/or **may pick your child up from camp**. All persons listed must be 18 years or older and must have a valid Identification card. Any changes in your Camper's pick up will require a written note or e-mail message describing change and who may pick up.

Do not list parents name here.

First & Last Name

Cell Phone

First & Last Name

Cell Phone

First & Last Name

Cell Phone

Health History

My child is in ___ Excellent / ___ Good / ___ Fair health.

My child ___ cannot swim / ___ is a Beginning / ___ Intermediate / ___ Advanced swimmer.

St Clare Staff may apply sunscreen to my child on an as needed basis. ___ Yes / ___ No

IMPORTANT: Provide additional details about dietary restrictions, allergies, operations, injuries, medications or conditions affecting camp participation such as Bee Sting Allergies, Peanut Allergies or foods you Camper may not eat.

Authorization to Provide Medical/Dental Care

I/We, the parent(s)/guardian(s) of the camper named above hereby authorize the administration of St. Clare School to consent to, and agree to pay for, on my/our behalf any emergency medical, dental, surgical, or hospital care, treatment, of diagnosis to be rendered to or for my/our Camper under the general or special supervision of a physician/surgeon or dentist pursuant to Section 6910 of the California Family Code and/or Section 1317 of the Health and Safety Code of California. It is expressly understood and agreed that an "emergency" shall be determined at the discretion of the administration of St. Clare Summer Day Camp. Reasonable attempts will first be made to contact me/us prior to contacting an emergency treatment organization. I/We understand that St. Clare Summer Day Camp is not legally obligated to make the above referenced consents for medical care. Therefore, in consideration for the above referenced arrangements, the undersigned hereby agree to release, discharge, indemnify and hold harmless The Roman Catholic Bishop of San Jose, a Corporation Sole, its constituent organizations, including, but not limited to St. Clare School and their officers, agents and employees, from any and all claims for personal injuries, property damages, or indebtedness for medical treatment expenses that my/our Camper may suffer as a result of this arrangement whether or not such injuries, damages, or indebtedness are caused by the negligence (whether active or passive) of any of the entities or individuals named or described above.

Please Complete Both Sides Of This Document

Cool Kids Zone! Summer Day Camp Terms & Conditions

St. Clare School • 2010 Summer School Year

NO REFUNDS: No payments of tuition or fees will be refunded for any reason.

DISCIPLINE POLICY: Campers are expected to follow the camp rules. If a camper exhibits unacceptable behavior, redirection will be used. If the behavior continues a separation from other campers will occur. Continued misbehavior will result in a parent conference or expulsion from the program. All decisions made by the Camp Director or School Principal are final. If a camper misses a field trip or is asked to leave camp due to unacceptable behavior, the parent will be responsible for picking up the camper. We will not provide alternate care for those unable to participate in daily camp activities. There will be no refunds if a camper cannot participate for disciplinary reasons.

PERMISSION TO PARTICIPATE IN FIELD TRIPS: I allow my camper to participate in camp-sponsored activities at locations other than the school site. I allow my camper to walk on field trips to locations close to the school site. Activities may include swimming, field trips, overnights, campouts, bike days, roller skate days, etc. Activities will be guided and supervised by Summer Camp employees. Bus Transportation, as applicable, will be provided by Santa Clara School District or public transportation.

PERMISSION TO VIEW FILMS: I allow my camper to watch films at Camp according to the following ratings: Grades K – 2 “G” Rated films; Grades 3 – 6 “PG” Rated films; Grades 7 & 8 “PG-13” Rated films.

ABSENCES: I will notify Camp Staff, by 8:30am, if my camper will be absent from camp.

COPIES OF REGISTRATION FORMS: I understand that camp registration form may be photo copied for offsite use.

CAMPER BEHAVIOR: I understand and accept the following: My Camper agrees to abide by all Camp rules and regulations. Campers are not allowed to possess or use any tobacco or smoking materials, alcohol or illegal drugs. Campers are not to possess or use firecrackers or explosives. Campers may not possess weapons of any kind. I am responsible for any expense incurred because of willful damage or destruction of property caused by my camper. Campers may not leave Camp property or established boundaries without the approval of Camp Staff. Continued inappropriate behavior, including threatening, swearing, disobedience, teasing, spitting, harassment, intimidation or other improper behavior at any time may result in immediate expulsion from Camp with no refund.

SIGN IN/OUT PROCEDURES: I understand that I will be required to sign in and sign out my Camper each day.

MEDICATION: All medications prescribed for my Camper will be kept under the control of the Camp Director. I will complete a Medication Form, provided by the school, for my Camper. My Camper may not possess medication of any kind while at Camp.

TRANSPORTATION RESPONSIBILITY: I understand that I must promptly transport my Camper home, at my expense, in the event that my camper is expelled from Camp for behavioral or other reasons.

CAMP DIRECTOR: The Camp Director shall determine what constitutes a violation of Camp rules and shall determine consequences of such violations.

We/I accept these Terms and Conditions of the Summer Day Camp.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date