



2019 LITTLE BLACKHAWKS SUMMER CAMP

Summer enrichment for Preschoolers

CHILD'S NAME: _____ AGE: _____

GENDER: M F

BIRTHDATE: ___/___/___

(CAMPER MUST BE AT LEAST 3 YEARS OLD BY HIS/HER CAMP STARTING DATE TO BE ELIGIBLE)

ADDRESS: _____

PRIMARY PHONE#: (____) _____

CITY: _____ STATE: _____ ZIP: _____

*** * * All preschool campers must be fully toilet trained. * * ***

HAS THIS CHILD PREVIOUSLY ATTENDED ST. DOMINIC SCHOOL? YES NO

ALLERGIES: _____

SPECIAL DIETARY NEEDS: _____

OTHER IMPORTANT INFORMATION ABOUT THIS CHILD:

TO REGISTER:

1. Check the boxes below with the corresponding weeks and days your child will attend.
2. Complete both sides of this Registration form and return it to St. Dominic (C/O Andrea Ray)
3. Complete the Pick Up Authorization Form and return it with your child's registration.
5. Cost: M W F = \$75 per week; Daily rate = \$30/day

* Each child must be registered the week prior or a \$5 fee will be added per day.

<input type="checkbox"/> WEEK 1 June 3-7	<input type="checkbox"/> WEEK 2 June 10-14	<input type="checkbox"/> WEEK 3 June 17-21	<input type="checkbox"/> WEEK 4 June 24-28	<input type="checkbox"/> WEEK 5 July 1-5
<input type="checkbox"/> WEEK 6 July 8-12	<input type="checkbox"/> WEEK 7 July 15-19	<input type="checkbox"/> WEEK 8 July 22-26		



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Contact: _____ Relationship: _____

WORK #: (____) _____ CELL #: (____) _____

EMAIL: _____

If Different from Child:

ADDRESS: _____

HOME #: (____) _____

Secondary Contact: _____ Relationship: _____

WORK #: (____) _____ CELL #: (____) _____

EMAIL: _____

If Different from Child:

ADDRESS: _____

HOME #: (____) _____

EMERGENCY CONTACT OTHER THAN PRIMARY OR SECONDARY CONTACT:

RELATIONSHIP _____ PHONE: (____) _____

CHILD'S PHYSICIAN: _____ PHONE: (____) _____

PREFERRED HOSPITAL: _____

MEDICATION/RESTRICTIONS/SPECIAL NOTES: _____

If your child must receive medication during camp, please fill out a Medication Authorization Form. All medication is to be kept in the office and will not be given without a completed and signed Medication Authorization Form. Medication forms are available in the school office or by request.

Check each box and sign/date below

MEDICAL RELEASE: I do hereby grant permission St. Dominic to secure such medical aid and hospital service as the employees of deem necessary for my child in the event he/she should sustain an injury or illness while attending camp.

PERMISSION TO PHOTOGRAPH: I acknowledge that my child might be photographed while participating in camp activities and that these photos may be used by St. Dominic Preschool for the promotion and marketing of St. Dominic. I understand that it is my responsibility to notify St. Dominic in writing, if I do not wish to have my child photographed.

PLEASE SIGN BELOW:

I HAVE READ THE REGISTRATION MATERIALS IN FULL AND AGREE TO THE ABOVE STATED AUTHORIZATIONS.

I ACCEPT RESPONSIBILITY FOR THIS CHILD'S FULL CAMP PAYMENT.

* * * * Parent's Signature Date Print Name of signer here * * * *



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2019 Pick-Up Authorization Form

Camper's Name: _____

Parent/Guardian #1 _____

Parent/Guardian #2 _____

List additional persons authorized to pick up your child from camp

Name	Relationship to child	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Parent/Guardian's Signature: _____

PLEASE RETURN THIS COMPLETED FORM WITH YOUR REGISTRATION FORM