

SUMMER AT ST. JAMES 2010 – DAY CAMP

Registration and Release Form

5501 North Stateline Ave. Texarkana, TX 75503
 903-793-5554 Fax: 903-793-1775 www.stjames.txk.org
ENROLL TODAY – LIMITED SPACES

Child's First Name: _____ Child's Last Name: _____

Address: _____ City: _____

ST: _____ Zip: _____ Home Phone: (____) _____ Gender: Boy Girl

PLEASE (X) T-Shirt Size: YS _____ YM _____ YL _____ YXL _____ AS _____ AM _____ AL _____ AXL _____

Age: _____ Date of Birth: _____ School Attended 09/10: _____ Grade _____

Applicant lives with Father/Mother _____ Legal Guardian _____ Father _____ Mother _____

Parent/Guardian #1	Parent/Guardian #2
Name: _____	Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Work: _____ Cell: _____	Work: _____ Cell: _____

In order to properly staff, provide supplies and resources, campers must register for each week they wish to attend. Spaces are limited and weeks are non-transferrable. Any cancellation must be done in writing two weeks prior to the beginning of the session, otherwise full payment will be required. **Payments for each session must be paid prior to the beginning of the session.** A 25% non-refundable deposit plus a \$20.00 administration fee is required with this registration form to reserve a space. **Registration deadline is Wednesday, May 19, 2010. Campers may still register after May 19 but there is a \$25.00 late registration fee.**

Session	THEME	Per Day \$25.00 Please circle the days you will attend	½ Day 8:00-12:00 or 1:00-5:30 \$55.00	Full Day 8:00-5:30 \$100.00	Amount
JUNE 7-11	Passport to Friends, Near and Far	M TU W TH F			
JUNE 14-18	The Great Outdoors	M TU W TH F			
JUNE 21-25	Keeping Safe Here and There	M TU W TH F			
JUNE 28-JULY 2	Hooray For The USA	M TU W TH F			
JULY 12-16	"Splish-Splash" – Wacky, Wild and Wet	M TU W TH F			
JULY 19-23	Games Galore	M TU W TH F			
JULY 26-30	Reach for the Stars Talent Search	M TU W TH F			
AUGUST 2-6	Farewell to Summer – Spirit Week	M TU W TH F			
TOTAL					

Emergency Contact Persons if parent cannot be reached: (MUST BE AVAILABLE LOCALLY)

Name: _____ Phone: _____

Address: _____ Relationship to Child: _____

Physician: _____ Phone: _____

If your child has any allergies or special dietary or medical needs, please describe: _____

I give consent for my child _____ to:

Take part in playing in wading pools/pool under proper supervision. Yes _____ No _____

In the event that my child becomes ill or injured and I cannot be contacted, I authorize St. James Day School staff to transport my child and seek emergency medical care. Yes _____ No _____

Insurance Company: _____ Policy number: _____

I give consent for pictures of my child to be used in promotional materials for St. James Day School.

Hardcopy: Yes _____ No _____ Website: Yes _____ No _____

The following people may pick my child up at school: _____

Is there anyone forbidden access to this child? Yes _____ No _____ (If yes, please provide legal documentation)

Total Due: \$ _____

25% OF TOTAL DUE: \$ _____

Non-Refundable Deposit (Will be applied to balance due)

Administration Fee \$ 20.00 _____

Non-Refundable

Only after May 19, 2010 \$ 25.00 _____

LATE REGISTRATION FEE

I agree to the terms of this registration form.

Parent/Guardian Signature: _____ Date: _____

For Office Purposes:

Date: _____ Amount Paid: _____ Check/CC/Cash _____

Amount Owed: _____ Date Due: _____