2017 Registration

Child's Name:				
Male: Female:	Date of Birth:			
Current Age:	Deposit Sent: \$			
Immunization records are required to attend Camp Maple				

### \*One application per child

Attending	Session	Date	Theme	Deposit /Check #
	1	May 22-26	Discover your Favorite Artist	/
	2	June 5-9	Nature Camp	/
	3	June 19-23	Explore the World of Science	/
	4	July 10-14	Culinary Camp	/
	5	July 17-21	Build with Bricks	/
	6	July 31-Aug. 4	Space Camp	/

Each camp session is from 9:00am until 1:30pm and is open to children ages 2-10 years. Children bring a packed lunch from home and a daily snack is provided. Please check the session(s) above you would like your child to attend. The cost per session is \$175 (\$100 for each additional child in the same family).

A deposit check in the sum of \$25 for each child should accompany this form for EACH camp to be attended. The deposit will hold your child's space and will be deducted from the camp tuition. Parents must provide a 60 hour notice that the child will not attend the camp. If a shorter cancellation notice is given or the child is a no show the camp deposit will **not** be refunded.

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\*You have limited time or you don't want to commit to the whole week? We are piloting a camp schedule this summer that will allow you to pick the days (max. 3) you want to attend. Each day will cost \$50 and camp registration forms must be returned two weeks prior to the camp start date. Due to the enrollment needs, those registering for camp for the full week will take precedence over campers coming a partial week. We are not be able to financially hire another teacher to accommodate the state regulated ratio for those campers who are drop-ins. This is not financially beneficial for our school. Space will be very limited due to the number of staff working this summer. We will do our best to accommodate as many campers as possible. We will try this for the first three camps and Jennifer Galloway, camp director, and myself will evaluate the remaining three camps to see if this is beneficial.

Child's Name
Parents/Guardian:
Address:
Zip
Home Phone:
Cell Phone:
Cell Phone:
Email:

**Medical History & Release** 

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Allerg	gies:			Treatment:
Peanut allergy:			Treatment:	
Medical issues:			Other:	
Phys	ician:			Phone:
Dent	ist:			Phone:
lmı	munization R	ecord	<u>s:</u>	
	Attached	Yes	No	
	On file (current students only)	Yes	No	
	Being faxed 502-245-5595	Yes	No	
	rrent immunization re eceived on the first d			for each camper. Children will be declined if this form is

List people who have permission to transport your child to and from camp.

Name:	Phone:
Name:	Phone:
Name:	Phone:

Please initial the statements below to acknowledge each policy.

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Initial	Policy
	I understand that a current <u>immunization form</u> must be on file or my child will be denied until a current immunization is received.
	My child has permission to use the playground equipment and engage in all the planned activities located in various areas throughout the campus.
	In case of an 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 and to follow his or her instructions.
	If it is impossible to contact the 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.
	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 us to take in the event of an allergic reaction at camp.  PROCECURE TO FOLLOW:
	I understand that my deposit of \$25 will not be refunded if a 60 hour cancellation notice is not given. This means that the camp director must be emailed (preferred) or called either on her cell phone or St. Luke office phone by Friday at 12:00 midnight.

Parent Signature	Date