



St Peter Chanel Catholic Church

Preschool Summer Camp Registration Form

2018



Name: _____ Birthdate: _____

Age by 9/1/18: _____ (open to ages 3-6 by 9/1/18) Male Female

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell/Alt Phone: _____

Email Address: _____

Father's Name: _____ Mother's Name: _____

Camp Hours: 9:00 a.m. – 12:30

Cost: \$120 per week, due at registration, non-refundable

Please mark your selection.

_____ **Week 1** June 18 – 21 – “Under the Sea” - Monday thru Thursday

_____ **Week 2** June 25 – 28 – “Reading Adventures” - Monday thru Thursday

*Register for 2 weeks – total cost is \$220 per child.

*Children will bring lunch from home each day.

Medical Information

*A copy of each child's current immunization form (GA 3231) must be submitted **at the time of registration.**

Family Physician: _____ Phone #: _____

Insurance Company: _____ Policy #: _____

Please list any allergies your child may have: _____

Medical Release

I/We, the undersigned parent(s) or legal guardian of _____ a minor, do hereby give consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment or procedures and hospital care which is deemed advisable by, and is suggested, recommended, prescribed, or directed by any physician or surgeon duly licensed to practice in the State of Georgia. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached.

I/ We hereby grant permission for publication of group (two or more persons) photo taken at youth events.

Parent or Legal Guardian Signature _____ **Date** _____

PLEASE TURN OVER AND COMPLETE PAGE 2

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Emergency Contact

Please provide one contact (other than yourself) in the event you cannot be reached above

Name	Relation	Home	Cell

Insurance Statement

I understand that student accident insurance/coverage through the Archdiocese of Atlanta and Catholic Mutual Insurance applies to school year coverage and does not apply to St. Peter Chanel SUMMER CAMP activities for the dates of June 18th-21st and June 25th-28th.

Parent or Legal Guardian Signature _____ Date _____

To Complete Registration, Please Return The Following:

- Registration Form Registration Fee Current Immunization Form (GA 3231)
(GA3231 may be faxed to 678-277-9423)

Registration Process

Forms can be returned at any time, however summer camp is very popular and our class sizes are limited. We fill classes in the order we receive registration forms. We will notify you by email to confirm your child's registration. By the end of May, you will receive a detailed email with your child's class and teacher assignments.

If you have any questions, please call or email the school:

Director: Barbara Gordon
mmo@stpeterchanel.org, 678-832-1231

Office Assistant/Registration: Lyndsay Dietze
ldietze@stpeterchanel.org, 678-832-1248

