



# St Peter Chanel Catholic Church

## Preschool Summer Camp Registration Form 2019



Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Age by 9/1/19: \_\_\_\_\_ (open to ages 3-6 by 9/1/19)       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 17 – 20 – “Reading Adventures” - Monday thru Thursday  
 \_\_\_\_\_ **Week 2**      June 24 – 27 – “Outer Space” - 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**

### Emergency Contact

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

Name	Relation	Home	Cell

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### 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 17<sup>th</sup>-20<sup>th</sup> and June 24<sup>th</sup>-27<sup>th</sup>.

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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### To Complete Registration, Please Return The Following:

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

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### 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](mailto:mmo@stpeterchanel.org), 678-832-1231

Office Assistant/Registration: Robin Scheiwe  
[rscheiwe@stpeterchanel.org](mailto:rscheiwe@stpeterchanel.org), 678-832-1248

