



## 2025 SUMMER CAMP REGISTRATION FORM

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Grade in 2025/26 \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email address \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

E-mail address \_\_\_\_\_

**Please indicate the camp(s) you are registering your child in:**

June 16-20	_____	Everything Disney (Session 1)   PK4-3rd   \$260
June 16-20	_____	BUGS!   PK4 – 1 <sup>st</sup>   \$260
June 23-27	_____	Dinosaurs!   PreK4 – 2 <sup>nd</sup>   \$260
June 23-27	<u>CANCELLED</u>	Explore More!   2 <sup>nd</sup> – 5 <sup>th</sup>   \$260
June 23-27	<u>FULL</u>	<del>Let's Get Messy! (Session 1)   PK4 – K   \$260</del>
June 23-27	_____	Under the Sea   PK4 – 2 <sup>nd</sup>   \$390
July 07-11	<u>FULL</u>	<del>Let's Get Messy! (Session 2)   1<sup>st</sup> – 2<sup>nd</sup>   \$260</del>
July 07-11	_____	No Bake Club   1 <sup>st</sup> – 5 <sup>th</sup>   \$260
July 14-18	_____	Adventures in Art   2 <sup>nd</sup> – 5 <sup>th</sup>   \$260
July 14-18	<u>FULL</u>	<del>SPA-Tastic!   1<sup>st</sup> – 3<sup>rd</sup>   \$260</del>
July 14-18	<u>CANCELLED</u>	STEAM   Entering 2 <sup>nd</sup> – 5 <sup>th</sup>   \$390
July 21-25	<u>FULL</u>	<del>Everything Disney (Session 2)   PK4 – 2<sup>nd</sup>   \$260</del>
July 21-25	_____	Get Ready for Kindergarten!   Entering K   \$260

**If paying by credit card, please include information here:**

Credit card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC# \_\_\_\_\_

**TOTAL payment enclosed w/registration form:** \_\_\_\_\_

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Emergency Information Record for \_\_\_\_\_

Sacred Heart School (SHS) will not release a camper to any person other than the camp member's parent or legal guardian without written permission from the parent or guardian. SHS presumes that each parent or guardian may legally pick up their camp member unless the custodial parent notifies the camp and sends a supporting court order. When notified, SHS shall not permit a parent or guardian to pick up a child against whom there is a court-ordered restraining order or comparable court ruling. The burden of notification is on the legal parent or guardian.

Below is a list of those who have permission to pick a camper up or to be called in an emergency if parent/guardian cannot be reached.

Full Name	Relationship to Child	Home #	Cell #	Work #
Full Name	Relationship to Child	Home #	Cell #	Work #
Full Name	Relationship to Child	Home #	Cell #	Work #

In case of accident or serious illness, I understand that the Camp Counselor will contact me. If the counselor is unable to reach me, I authorize the counselor to make whatever arrangements are in the best interests of my child.

### Permission to Administer Prescription Medications

Prescription Medications must be accompanied by a written order from the prescriber. The medicine must be delivered to the Camp Counselor by the parent or other responsible adult in the pharmacy container labeled with the child's name, the physician's name, the name of the medication, and the instructions. Medications prescribed for three or fewer times per day may be given at home.

\_\_\_\_ My child does not require medication

\_\_\_\_ My child is required to take the following medication:

Name of Medication(s)	Dosage(s)	Route
Frequency	Start Date	End Date
Diagnosis		
Side Effects		

### Allergies

\_\_\_\_ My child does not have any allergies

\_\_\_\_ My child has allergies to the following food and/or medication:

Type of Drug Allergy	Type of Reaction
Type of Food Allergy	Type of Reaction

### Other Health Conditions

\_\_\_\_ My child does not have any health conditions

\_\_\_\_ My child has the following health conditions:

Asthma (Indicate Type):	Well Controlled?
Other:	Well Controlled?

### Additional Comments

If you wish to provide any additional comments for the Camp Counselor, please add them below:

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### Parental/Guardian Consent & Waiver/Release

I, the undersigned, being a parent or legal guardian of \_\_\_\_\_ do hereby give my consent and permission for the above name to participate in Sacred Heart Camps. In consideration of the benefits to be derived from this activity, I hereby voluntarily for myself and anyone entitled to act on my behalf, waive, release, and forever discharge any claim or claims against Sacred Heart School Summer Camps, the Roman Catholic Diocese of Manchester, Sacred Heart Parish and its or their staff and leadership in both their official and personal capacities, and any of its or their agents, assigns, representatives, successors, or anyone acting on its or their behalf, for any and all claims, demands or liabilities of whatever nature including but not limited to injury, death, or damage, whether in property or nature, which may arise in connection with said activities or any phase or parts thereof. This waiver/release extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown, and includes liability that may arise out of negligence or carelessness on the part of persons named in this waiver/release.

I hereby certify that all information on this application, and all information submitted as part of this application, is complete and accurate. The applicant has my approval to participate in all regular club activities including off-site trips to area parks. His/her name or picture may appear in camp or local news publications. If you have concerns about the use of pictures of your child, please inform Sacred Heart School. I realize it is my responsibility to consult a physician to assess my child's health relating to participation. I agree to hold harmless Sacred Heart School, Sacred Heart School Board, OLMM Parish, or their employees, volunteers and agents for any/all injuries and damages incurred during said program.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### OFFICE USE ONLY

DATE REGISTRATION SUBMITTED _____	AMOUNT PAID _____	PAYMENT TYPE _____
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REGISTRATION SIGNED   Y   N	NOTES _____
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