



Summer Adventure 2018 Registration

The Summer Adventure Camp is open to every child in the community age 3 to 12. Camp is held from June 11th to August 10th, from 6:30am to 5:30pm.

Family name: _____
 Child's full name: _____
 Child's date of birth: _____ Entering grade for 2018-19: _____
 School attending: _____ T-shirt size: _____

Home address: _____ City, state, zip: _____

Mom phone #'s: home: _____ cell #: _____ work #: _____

Dad phone #'s: home: _____ cell #: _____ work #: _____

Mom's email address: _____ Dad's email address: _____

FEES: The weekly fee includes a camp t-shirt and field trip expenses, plus breakfast, lunch, & snack.

Check the registration fee that applies to you: registering on June 1, 2018, *or prior* = \$100
 registering *after* June 1, 2018 = \$125

Check the weekly fee that applies to you: **registered** at St. Richard for the 2018-19 school year = \$120
 not registered at St. Richard for the 2018-19 school year = \$140

Tuition is due on the Friday each week for the following week.

If tuition is not paid by the previous Friday, students will not be allowed to attend.

In order to assure that we have adequate staffing for each week, we need to know if you will be taking time off for vacations/ etc. Please indicate which weeks you will be attending. You will not be charged for vacation weeks, provided that you notify us at time of registration.

Week Beginning	Will Attend	Will Not Attend	Week Beginning	Will Attend	Will Not Attend
June 11			July 16		
June 18			July 23		
June 25			July 30		
July 2			August 6		
July 9					

I HAVE READ THE ABOVE FINANCIAL TERMS AND AGREE TO PAY FOR THE WEEKS INDICATED ABOVE AND WITHIN THE STATED TIME FRAME. PAYMENTS ARE DUE NO LATER THAN FRIDAY FOR THE FOLLOWING WEEK.

➡ Parent/Guardian signature: _____ Date: _____

PERMISSION SLIP

My child _____ has my permission to participate in all the activities and field trips offered as part of the St. Richard Summer Adventure Program.

➡ Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Please return form with Registration Fee. First week's payment is due prior to the start of the program.

My Child/Children qualifies for Illinois Action for Children.
 St. Richard School must be the designated as the current provider.

EMERGENCY INFORMATION

Emergency contact: _____

Relationship: _____

Address: _____

Cell #: _____

Home #: _____

Work #: _____

HEALTH INSURANCE INFORMATION

Card holder's name: _____

Health insurance carrier: _____

Policy number: _____

In event of an emergency, every effort will be made to reach you. However, if we can not reach you or if time does not allow us to contact the above individuals, I give my permission for a St. Richard staff member to take my child to the nearest hospital. I understand that 911 Emergency Medical Services may also be necessary to ensure the health of my child. I agree I will be responsible for payment of any and all medical services rendered. Please include copy of medical insurance card. The Staff will not administer any medicine to the children.

Please indicate any allergies or medical conditions that your child may have that we need to be aware of:

➡ Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

The following individuals have permission to pick up my child:

1. Full name: _____ Relationship: _____

2. Full name: _____ Relationship: _____

3. Full name: _____ Relationship: _____

PHOTOGRAPH RELEASE

St. Richard Summer Adventure has my permission to include photographs of my child _____ in advertisements and newspaper articles about the Summer Adventure Program.

➡ Parent/Guardian signature: _____ Date: _____

OFFICE USE ONLY

Registration Date: _____

Fee Paid: _____

Registration Form Complete: _____

Weekly Rate: _____

School Attending: _____

Illinois Action for Children Approved: _____