

ST. JOHN THE EVANGELIST CATHOLIC ACADEMY

2021 SUMMER CAMP REGISTRATION CARD

Date of Registration ____/____/____

Session #1 (June 7 - July 2) ____

Student Entering Grade _____

Session #2 (July 12 - July 30) ____

STUDENT INFORMATION

Student's Legal Last Name: _____ Legal First Name: _____ Middle Name: _____ Nickname/Name Student Goes By _____

Student's Age: _____ Birthdate: ____/____/____ Male / Female
Gender

Physical Address _____ Mailing Address (if different) _____

Street Address _____ Street Address or P.O. Box _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

How did you hear about our school? _____ What school does your child attend: _____

____ Newspaper ____ Word of Mouth Referral (if so, please let us know who, so that we can thank them: _____

____ Church Bulletin ____ Billboard ____ Television Advertisement ____ Radio ____ Internet Search/ Google ____ Facebook ____ Instagram

Permission to publish student photo in brochures, on web site, or in the newspaper or similar publications? Yes () No ()

FAMILY INFORMATION

Student primarily lives with: (check one) _____ Mother and Father _____ Mother _____ Father _____ Grandparent / Guardian
____ Mother / Stepfather _____ Father / Stepmother _____ Other _____

If there are custody, visitation, or other legal agreements or orders concerning the student or access to the student's records, please present the paperwork at the time of registration so that a copy may be placed in the records.

Names and ages of siblings: _____

**Information below is for parents, adoptive parents or those with legal guardianship over a child.
Please include step-parent information on Authorized Contacts Form**

Parent Information:	Legal Female Guardian	Legal Male Guardian
Relationship:		
Address (if different from above)		
Email:		
Name:		
Military:	____ No ____ Active Duty ____ Retired ____ Veteran	____ No ____ Active Duty ____ Retired ____ Veteran
Occupation:		
Employer:		
Home Phone:		
Cell Phone or Pager #:		
Work Address		
Work Phone:		
Marital Status:		
Religion:	Alumna: Yes () No ()	Alumnus: Yes () No ()

EMERGENCY / HEALTH INFORMATION AND CONSENT

Preferred Doctor

Phone #

Preferred Hospital

Preferred Dentist

Phone #

I give my permission for my child to receive emergency medical treatment, including calling 911. Yes() No ()

List any medical considerations of which the school should be aware, as well as any medication which the student must take at any time. If the student must take medication during school hours as prescribed by a doctor you must turn in a form: Authorization for Administration of Medication #9400-HES-005. This form must be signed by the doctor. (Forms are available from the doctor.)

Medical Issues: _____

Daily Medication: _____

Allergies (food, medicine, environmental): _____

STATEMENT OF COOPERATION

I hereby agree that my child and guardian(s) shall abide by the policies, rules and regulations of your school at all times. I give my permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and I absolve the school from liability to me or my child because of loss of property or be-cause of any injury to my child at school or during any school activity. I understand I am responsible for all fees incurred by my child during summer camp. I will pay for camp in advance of the session start date. All fees are non-refundable. Late fee for pickup after 5:30pm is \$50.00.

Parent Signature

Parent Signature

Date

AUTHORIZED CONTACTS (EMERGENCY CONTACTS & AUTHORIZED PICKUPS)

Please use this form to list authorized contacts for your child/children. **EVERYONE LISTED ON THIS FORM WILL BE ELIGIBLE TO PICK UP YOUR STUDENT(S).** Please instruct emergency contacts and authorized pickups to bring identification (driver's license or other government issued identification) with them when picking up a child.

Please indicate whether the person should be an emergency contact. We will always attempt to contact parents first in case of an emergency.

Name

____ Emergency Contact

____ Authorized Pickup

Phone: ☐ Mobile ☐ Home ☐ Daytime ☐ Work

Phone: ☐ Mobile ☐ Home ☐ Daytime ☐ Work

Phone: ☐ Mobile ☐ Home ☐ Daytime ☐ Work

Name

____ Emergency Contact

____ Authorized Pickup

Phone: ☐ Mobile ☐ Home ☐ Daytime ☐ Work

Phone: ☐ Mobile ☐ Home ☐ Daytime ☐ Work

Phone: ☐ Mobile ☐ Home ☐ Daytime ☐ Work

Name

____ Emergency Contact

____ Authorized Pickup

Phone: ☐ Mobile ☐ Home ☐ Daytime ☐ Work

Phone: ☐ Mobile ☐ Home ☐ Daytime ☐ Work

Phone: ☐ Mobile ☐ Home ☐ Daytime ☐ Work

VERIFICATION INFORMATION (FOR OFFICE USE ONLY)

Registration form complete: _____

Fees Paid: Session 1 _____ Session 2 _____

Medications received: _____