

St. A's Summer Camp (2017)

Payment information (2017)

Please follow the dates below:

Payments are based on 2 week intervals. Payments must be paid by the due date listed in order for your child to participate.

Payments are non-refundable

Week (1) 6/12 to 6/16

Week (2) 6/19 to 6/23

\$240.00 due by 6/2/17

Week (3) 6/26 to 6/30

Week (4) 7/3 to 7/7

Closed 7/4 (Holiday)

\$240.00 due by 6/16/17

Week (5) 7/10 to 7/14

Week (6) 7/17 to 7/21

\$240.00 due by 6/30/17

Week (7) 7/24 to 7/28

Week (8) 7/31 to 8/4

\$240.00 due by 7/14/17

Early Bird Special

BONUS \$900.00 (8wks) if paid in full by 6/2/17**

St. A's Summer Camp (2017)

Application Form

Camper's Name _____

Birthdate ____/____/____ Age _____

Parent Information

Name: _____ Relationship _____
Address: _____ Contact # _____

Name: _____ Relationship _____
Address: _____ Contact # _____

Emergency Contact Information

Name: _____ Relationship _____
Address: _____ Contact # _____

Name: _____ Relationship _____
Address: _____ Contact # _____

Name: _____ Relationship _____
Address: _____ Contact # _____

Dismissal Information

Name: _____ Relationship _____
Address: _____ Contact # _____

Name: _____ Relationship _____
Address: _____ Contact # _____

Name: _____ Relationship _____
Address: _____ Contact # _____

Please check appropriate box for dismissal

Camper will walk home _____

Am/pm cares _____

(If someone other than the person(s) listed for pickup, must show I.D

Parent(s) must also call ahead for any dismissal changes

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Cares Application

Morning Cares 7:00 – 9:00 Am

Afternoon Cares 3:00 – 6:00 PM

\$30.00 PER WEEK (payments must be paid in advance)

\$5.00 late charge (every 15 min) if not enrolled in cares or after 6:00 pm

Campers Name: _____

Campers Name: _____

Pick- up information

Please provide all persons whom can pick your child up. If there are any changes or person not listed
ID must be provided. Along with a parent call.

Name: _____ phone # _____

Name: _____ phone# _____

Name: _____ phone# _____

Name: _____ phone# _____

Name: _____ phone# _____

Parent(s) signature: _____ Date: _____

St. A's Summer Camp (2017)

Before/Aftercare

\$30.00 per week

Morning cares 7:00am/9:00 am

Afternoon cares 3:00 pm/6:00 pm

There will be a late fee of \$5.00 assessed for every 15 min late.

You will be required to pay the late fee directly to the care provider.

Payments must be made in advance, prior to the week needed.

The cares program is a weekly program. To take advantage of this program, fill out the attached application.

Make sure you list the name and phone number of the pick-up person.

During morning/afternoon cares your child may bring toys and video games as long as they are responsible to keep up with them.

Suggestion: label everything

The afternoon program does not provide a snack. Please send a snack from home. At times there may be items left from lunch but not guaranteed.

St. Athanasius

Camp Waivers

Camper and Junior Counselor Waiver

I hereby register my child in the St. Athanasius' Summer Camp and authorize the staff to direct him/her in participation of camp activities. I know of no mental or physical problems that may affect his/her ability to safely participate in this camp. I authorize the camp staff to attend to any health problem or injury to my child that may occur while attending camp. I hereby release and hold harmless the Archdiocese of Philadelphia, St. Athanasius Parish, St. Athanasius' Camp, its employees, agents and assigns from any liability that may arise from my child's participation in the camp. I acknowledge that I am responsible for any and all medical expenses, due to my child's illness or any injuries that occur at camp and that the St. Athanasius' Camp carries only accident insurance, which is secondary to my own insurance.

*Parent/Guardian Signature _____

Insurance Company/Policy # _____

Consent Form and Release Authorization: (Campers and Junior Counselors)

"I, the undersigned, as a parent or legal guardian of the child listed on this application give permission for my son/daughter to participate in the St. Athanasius' Camp, hereby release St. Athanasius Parish and the Archdiocese of Philadelphia and employees from and waive any claims and demands for injuries or loss which result from participation in trips and other activities described in St. Athanasius' Camp flier. I have read and understand the informed consent and release authorization as relates to my son/daughter."

*Parent or Guardian Signature _____

Volunteers

I hereby register as a volunteer at the St. Athanasius' Summer Camp. I know of no mental or physical problems that may affect my ability to safely participate in this camp. I authorize the camp staff to attend to any health problem or injury to me that may occur while volunteering at camp. I hereby release and hold harmless the Archdiocese of Philadelphia, St. Athanasius' Parish, St. Athanasius' Camp, its employees, agents and assigns from any liability that may arise from my participation in this camp. I acknowledge that I am responsible for any and all medical expenses, due to any illness or any injuries that occur at camp and that the St. Athanasius' Camp carries only accident insurance, which is secondary to my own insurance.

*Applicant/Parent/Guardian Signature _____

Insurance Company/Policy # _____