



### Cool Kids Zone! Summer Day Camp Registration

St. Clare School • 2024 Summer School Year • One Form per Camper

**CHILD'S**  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Entering Grade \_\_\_\_\_  
 Parent First & Last Name \_\_\_\_\_ Cell # \_\_\_\_\_  
 \*Email address: \_\_\_\_\_  
 Parent First & Last Name \_\_\_\_\_ Cell # \_\_\_\_\_  
 \*Email address: \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please check the appropriate box.

- \*Basic Camp plus \$355.00**     
  **Kindergarten Readiness \$355.00**     
  **Leadership L.I.T \$275.00**  
**Check T-Shirt Size:**  YS  YM  YL  YXL  AS  AM  AL  AXL

Select the weeks below.	*Basic Camp Includes: Academics/ Field trips Video production/Cooking/science	Specialty Classes Check the specialty class you want	<input type="checkbox"/> my child attends St Clare School Please write in your child's school name _____	Weekly Total
<input type="checkbox"/> Week 1 June 10 - 14	Discovery Museum Tech Museum	<input type="checkbox"/> Cooking class	Discovery Museum for grades TK – 2 Tech Museum for grades 3 -6 LIT's going to the movies	
<input type="checkbox"/> *Week 2 June 17 - 21	Oakland Zoo	<input type="checkbox"/> Video Production	<b>*Closed June 19<sup>th</sup></b>	
<input type="checkbox"/> Week 3 June 24 – 28	Boardwalk	<input type="checkbox"/> Cooking class	<input type="checkbox"/> Campout 5:00p – 9:00p	
<input type="checkbox"/> *Week 4 July 1 - 5	Great America	<input type="checkbox"/> Video Production	<b>*Closed July 4<sup>th</sup></b>	
<input type="checkbox"/> Week 5 July 8 - 12	Funtropolis	<input type="checkbox"/> Cooking class	**This week will be \$4.00 more for Safety Socks this is Funtropolis policy	\$359 \$279
<input type="checkbox"/> Week 6 July 15 - 19	Legoland	<input type="checkbox"/> Video Production	<input type="checkbox"/> Campout 5:00p – 9:00p	
<input type="checkbox"/> Week 7 July 22 – 26	Angel Island Boat ride to the island site seeing, hiking	<input type="checkbox"/> Video Production <input type="checkbox"/> Cooking class		

**NO REFUNDS: No payments of tuition or fees will be refunded for any reason.**

**Office Use Only**  
 Please note: The deposit of \$25.00 is deducted from the balance due each week. Example: \$355.00 - \$25.00 = \$330.00  
 Registration Fee \$100.00   Deposits: \$ \_\_\_\_\_   Check # \_\_\_\_\_  
 Check # \_\_\_\_\_   Amt. Paid: \$ \_\_\_\_\_  
 Date: \_\_\_\_\_

# Cool Kids Zone! Summer Day Camp Emergency Information

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### Camper Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

### Parent Information

Parent Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Parent Name \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

### Medical/Dental Information

Medical Insurance Provider \_\_\_\_\_ Insurance Policy/ID Number \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

Dentist Name \_\_\_\_\_ Dentist Phone \_\_\_\_\_

### Emergency Contact & Release Information

Provide the name and telephone number of three people who may act on your behalf in the event of an emergency if you are unavailable and/or **may pick your child up from camp**. All persons listed must be 18 years or older and must have a valid Identification card. Any changes in your Camper’s pick up will require a written note or e-mail message describing change and who may pick up.

#### Do not list parents name here.

First & Last Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

First & Last Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

First & Last Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Health History

My child is in \_\_\_\_\_ Excellent / \_\_\_ Good / \_\_\_\_\_ Fair health.

My child \_\_\_\_\_ cannot swim / \_\_\_ is a Beginning / \_\_\_ Intermediate / \_\_\_ Advanced swimmer.

**St Clare Staff may apply sunscreen to my child on an as needed basis. Yes \_\_\_\_\_ or No \_\_\_\_\_**

**IMPORTANT:** Provide additional details about dietary restrictions, allergies, operations, injuries, medications or conditions affecting camp participation such as Bee Sting Allergies, Peanut Allergies or foods your Camper may not eat.

### Authorization to Provide Medical/Dental Care

I/We, the parent(s)/guardian(s) of the camper named above hereby authorize the administration of St. Clare School to consent to, and agree to pay for, on my/our behalf any emergency medical, dental, surgical, or hospital care, treatment, of diagnosis to be rendered to or for my/our Camper under the general or special supervision of a physician/surgeon or dentist pursuant to Section 6910 of the California Family Code and/or Section 1317 of the Health and Safety Code of California. It is expressly understood and agreed that an “emergency” shall be determined at the discretion of the administration of St. Clare Summer Day Camp. Reasonable attempts will first be made to contact me/us prior to contacting an emergency treatment organization. I/We understand that St. Clare Summer Day Camp is not legally obligated to make the above referenced consents for medical care. Therefore, in consideration for the above referenced arrangements, the undersigned hereby agree to release, discharge, indemnify and hold harmless The Roman Catholic Bishop of San Jose, a Corporation Sole, its constituent organizations, including, but not limited to St. Clare School and their officers, agents and employees, from any and all claims for personal injuries, property damages, or indebtedness for medical treatment expenses that my/our Camper may suffer as a result of this arrangement whether or not such injuries, damages, or indebtedness are caused by the negligence (whether active or passive) of any of the entities or individuals named or described above.

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

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

# Cool Kids Zone! Summer Day Camp Terms & Conditions

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**NO REFUNDS: No payments of tuition or fees will be refunded for any reason.**

**DISCIPLINE POLICY:** Campers are expected to follow the camp rules. If a camper exhibits unacceptable behavior, Re-direction will be used. If the behavior continues a separation from other campers will occur. Continued misbehavior will result in a parent conference or expulsion from the program. All decisions made by the Camp Director or School Principal are final. If a camper misses a field trip or is asked to leave camp due to unacceptable behavior, the parent will be responsible for picking up the camper. We will not provide alternate care for those unable to participate in daily camp activities. There will be no refunds if a camper cannot participate for disciplinary reasons.

**PERMISSION TO PARTICIPATE IN FIELD TRIPS:** I allow my camper to participate in camp-sponsored activities at locations other than the school site. I allow my camper to walk on field trips to locations close to the school site. Activities may include swimming, field trips, overnights, campouts, bike days, roller skate days, etc. Activities will be guided and supervised by Summer Camp employees. Bus Transportation, as applicable, will be provided by East Side Union High School District or public transportation.

**PERMISSION TO VIEW FILMS:** I allow my camper to watch films at Camp according to the following ratings: Grades K – 2 “G” Rated films; Grades 3 – 6 “PG” Rated films; Grades 7 & 8 “PG-13” Rated films.

**ABSENCES:** I will notify Camp Staff by 8:30am, if camper will be absent from camp, please leave a message.

**COPIES OF REGISTRATION FORMS:** I understand that camp registration form may be photo copied for offsite use.

**CAMPER BEHAVIOR:** I understand and accept the following: My Camper agrees to abide by all Camp rules and regulations. Campers are not allowed to possess or use any tobacco or smoking materials, alcohol or illegal drugs. Campers are not to possess or use firecrackers or explosives. Campers may not possess weapons of any kind. I am responsible for any expense incurred because of willful damage or destruction of property caused by my camper. Campers may not leave Camp property or established boundaries without the approval of Camp Staff. Continued inappropriate behavior, including threatening, swearing, disobedience, teasing, spitting, harassment, intimidation or other improper behavior at any time may result in immediate expulsion from Camp with no refund.

**SIGN IN/OUT PROCEDURES:** I understand that I will be required to sign in and sign out my Camper each day.

**MEDICATION:** All medications prescribed for my Camper will be kept under the control of the Camp Director. I will complete a Medication Form, provided by the school, for my Camper. My Camper may not possess medication of any kind while at Camp.

**TRANSPORTATION RESPONSIBILITY:** I understand that I must promptly transport my Camper home, at my expense, in the event that my camper is expelled from Camp for behavioral or other reasons.

**CAMP DIRECTOR:** The Camp Director shall determine what constitutes a violation of Camp rules and shall determine consequences of such violations.

### Photograph Release

Photographs of Campers may be taken for promotional purposes. Campers in photographs will never be identified. St. Clare School may use photographs of my Camper for promotional purposes on an as-needed basis:   Yes /   No

I accept the Terms and Conditions of the Summer Day Camp.

I grant Authorization to Provide Medical/Dental Care as described on the reverse.

I agree to pay all Summer Day Camp Tuition and Fees on time and in full.

**I understand that no payments of tuition or fees will be refunded for any reason.**

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

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