

## REGISTRATION FORMS

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Age: \_\_\_\_\_ Grade attending in the fall: \_\_\_\_\_ T-Shirt Size: **Youth / Adult S M L XL**  
 Home Address (of Child): \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

**EMERGENCY STATEMENT: I/we hereby authorize the St. Paul Summer Staff to act on our behalf if treatment and/or transportation is required in case of an emergency:** (Signature) \_\_\_\_\_

Please select the days your child(ren) will attend camp along with the hours each day. If you don't know your exact schedule for the whole summer, only fill out what you can, and let us know a week in advance what your anticipated camp days will be for the following week.

**Minimum of 10 days is required to be reserved at the time of enrollment. You may add more days as needed.**

Week	Monday	Tuesday	Wednesday	Thursday	Friday
<b>EXAMPLE</b>	8am – 4pm		8am – 4pm		8am-4pm
June 18- 22					
June 25-29					
July 2-6			<b>OFF NO CAMP</b>	<b>OFF NO CAMP</b>	
July 9-13					
July 16-20					
July 23-27					
July 30- Aug 3					

ATTENDANCE POLICY (please sign & return with Registration Forms)

- \* I have read the above information.
- \* I understand that I will be billed each day that I have scheduled my child(ren) to attend camp.
- \* If I need to exchange days, I am aware that I need to notify Alvesa Thomas **one week prior** to the exchange.
- \* I understand that I can add days if needed, and am aware that I will need to notify Alvesa Thomas one week prior to the additions to allow for the appropriate staffing to ensure child safety.
- \* If my child does not attend a scheduled day of camp, and no exchanges were arranged, I understand that I **will be billed** for a camp day (9am – 3pm) at the current rate.
- \* Field trip days are "no excuse days". I understand that if I signed up for a field trip and my child does not attend, I **will be charged for a camp day as well as the field trip expense.**
- \* RETURNED CHECKS: If your check is returned, you will be charged a \$35 NSF fee. After a returned check only cash will be accepted for WILDKATS payments.

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