ST. JOSEPH SUMMER PROGRAM
2018 REGISTRATION FORM

STUDENT'S NAME _____ Male ___ Female ___ Age_____

STUDENT'S BIRTH DATE _____ Present Grade in School (Fall of '17) _____

Home Address _____ **Emergency Contact Phone** ____

City _____ ST _____ ZIP _____

Mother's Name: _____Employer: _____ Work Phone: _____

Father's Name: _____Employer: _____ Work Phone: _____

Child Lives With: (Please circle) Both Parents, Mother Only, Father Only, Mother-Stepfather, Father-Stepmother, Guardians

E-mail Address: _____

Please list emergency contacts in order of preference (mother, father, etc.):

1. Name _____ Phone Number _____
2. Name _____ Phone Number _____
3. Name _____ Phone Number _____

Names of those approved for child pick-up other than parents: _____

_____

Please list allergies, medical problems, and/or physical limitations of this student: _____

_____

Please share any additional information that you feel the summer staff should know about this student relating to his/her behavior or state of mind (examples: fears, ability to share, reaction to hunger and/or fatigue, overall nature, etc.)

_____

_____

Student's Physician: _____ Phone Number: _____

Student's Dentist: _____ Phone Number: _____

Please complete and sign Field Trip & Medical Release on reverse side.

ST. JOSEPH 2018 SUMMER PROGRAM

APPLICATIONS WILL BE DATED UPON ARRIVAL AND PROCESSED IN ORDER. By signing the agreement to enroll your child, you are committing to a ten-week program with ten weekly installments due each Monday. It is understood that if for some reason your child does not attend all ten weeks, **payment is still required**.

The cost is **$75.00** a week. There will be a $15.00 discount for a second child ($60/wk) and a $20.00 discount for a third child ($55/wk). *Lunch is not supplied for the summer program students; please remember to pack a lunch.*

A NON-REFUNDABLE ACTIVITIES FEE OF $100 PER STUDENT IS REQUIRED ALONG WITH THIS APPLICATION.

THE SUMMER PROGRAM WILL BEGIN ON MAY 29 AND END ON JULY 31.

Reminder – We do not serve lunches. Bring a sack lunch everyday.

Field Trip Release

Check Activity Calendar - Dates and Times To Be Determined

(In First Day Packet)

I/We, the parent(s) of the above-named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify and hold harmless the Bishop of the Catholic Diocese of Evansville, **ST. JOSEPH PARISH, Fr. Brian Emmick,** and any of their respective affiliates, successors, agents, employees, members and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

Medical Waiver and Release

Medical Release:

I give my permission for: _____ to attend the St. Joseph Summer Program. I consent (in case of an emergency) to any necessary exams, anesthetic, medical diagnosis, surgery, and/or hospital care to be rendered to the above named minor under the advice of any physician or surgeon licensed to practice in the state of Indiana. My consent is valid for the period beginning May 29 and ending July 31, 2018.

Further, I prefer to have this child transported to: _____for diagnosis and/or treatment.
(NAME OF MEDICAL FACILITY)

_____ **DATE** _____

SIGNATURE OF LEGAL GUARDIAN REQUIRED

DATE RECEIVED _____ BY _____ FEE(S) RECEIVED $_____ Ch #_____