

Our Lady of Grace
GIRL'S SUMMER CAMP
2017 Enrollment Application

Child's Name: _____
(Last) (First) (Middle)

Home Address: _____

Date of Birth: _____ Current Age: _____

Home Telephone: _____ E-Mail: _____

Parents' Information:

Name of Mother: _____

Employer: _____ Work Phone: _____

Work Address: _____ Work Hours: _____

E-Mail: _____ Cell Phone: _____

Name of Father: _____

Employer: _____ Work Phone: _____

Work Address: _____ Work Hours: _____

E-Mail: _____ Cell Phone: _____

Guardian (If Applicable) _____

If parents are divorced or separated which parent has custody of the child? _____

Name of School Currently Attending: _____ **Grade:** _____

Address: _____

June 19th through July 28th

The full **six** weeks is \$1350. If your payment is made before May 1st, the six weeks fee is \$1300. If you are interested in only spending certain weeks with us, the cost is \$225 per week-you must indicate the week(s) your daughter would be attending below. One week deposit is required to hold your daughters enrollment and is non-refundable.

Schedule Desired: Week(s) of: _____ Full 6 Weeks Session: _____

Parent(s) Signature(s): _____

Date: _____ Date: _____

FOR CAMP USE ONLY

Date Application Received: _____

Date of Entrance: _____ Eligibility: _____

635 Glenbrook Road • Stamford, CT 06906

phone 203.348.5531 • fax 203.324.9638 • littleworkerposc@aol.com

www.ourladyofgraceschool.net

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GIRL'S SUMMER CAMP

EMERGENCY MEDICAL PERMISSION

Name: _____ Birthdate: _____

Address: _____

PARENTS

TELEPHONE NUMBERS

_____ HOME: _____

_____ WORK: _____

_____ HOME: _____

_____ WORK: _____

EMERGENCY CONTACTS TELEPHONE NUMBERS

_____ PHONE: _____

_____ PHONE: _____

PHYSICIAN: _____ PHONE: _____

DENTIST: _____ PHONE: _____

Last DPT: _____ PHONE: _____

MEDICATIONS: _____ PHONE: _____

OTHER SIGNIFICANT MEDICAL INFORMATION: _____

I give permission to OUR LADY OF GRACE SCHOOL to make whatever emergency, (e.g. first aid, disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of the School.

In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad) deems it necessary. The child will be transported at the expense of _____ (Parent/Guardian).

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

DATE: _____

SIGNATURE _____

Our Lady of Grace
GIRL'S SUMMER CAMP

Permission for Another Adult to Remove Child from Camp

I _____ hereby give permission for my child _____
Parent's name

to be released from camp to _____ in case of emergency.

(Parent's Signature)

(Individual's Signature)

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GIRL'S SUMMER CAMP

Permission Agreement

A. I/we grant permission for my child to use all of the play equipment and participate in all of the activities of the school, unless exceptions are noted here.

B. I/we grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

C. I/we grant permission for my child to be included in evaluations and pictures connected with the Day Care programs of the school.

D. I hereby grant permission for the staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Administer first aid.

2. Attempt to contact a parent or guardian.

3. Attempt to contact the child's physician.

4. Attempt to contact the parent through any of the persons listed on the emergency information card completed for the School. (Note: It is the parent's responsibility to keep this card up to date.)

5. If we cannot contact the parent or the child's physician, we will do any or all of the following:

a. Call another physician.

b. Call an ambulance.

c. Have the child taken to the emergency hospital in the company of a staff member; staff vehicle; program vehicle.

6. Any expenses incurred under #5 above will be borne by the child's family.

E. The School will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

F. The School will not assume responsibility for a child who has not been signed in when she arrives for the day.

Signed: _____ Date: _____

(Parent or legal guardian)

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Parental Permissions:

I, _____, acknowledge that the staff has clearly discussed the camp's policies and procedures concerning child behavior management and techniques with me/us.

Furthermore,

I, _____, hereby give permission for my child _____, to be released from school to _____, in the event of an emergency.

_____ (Parent's Signature)

_____ (Parent's Signature)

_____ (individuals' signatures
– to whom the child will be released).

Date: _____