

St. Ann Center for Intergenerational Care Summer camp Registration 2019

Please complete the entire form and return it along with payment to:

**ST. ANN CENTER
BUCYRUS CAMPUS SUMMER PROGRAM**
2450 W North Avenue Milwaukee, WI 53205

First Summer Program Session Starts June 17, 2019!

Mail-in registration deadline is **May 31, 2019**. Children must be enrolled for a two day per week minimum. Additional registrations will be accepted after this date based on space available. (The deadline for registration of returning families is **April 17, 2019**). Register early to reserve your space.

Registrations will be confirmed. In the event the program is full you will be contacted to make another choice or your payment will be returned. A parent handbook with complete program details will be sent to you upon successful registration.

Accepting children ages 5-12 and up to 17 years of age with a disability.

One child per registration form please. Form may be copied.

Questions? Call 414 210 2468

CHILD INFORMATION

(I have selected the weeks and days I want on this same form).

Child's Name _____
(First, Middle, last)

DOB ___/___/___ Age at start of camp ___ Last grade completed _____

Disability? (Type) _____

Past Camper? ___ Yes ___ No if yes, for how many years? _____

First Day of Attendance this year ___/___/___

Address _____
City _____ State _____ Zip _____

Parent/Guardian Name _____
E-mail Address _____
Home Phone _____ **Work Phone** _____
Cell Phone _____

T- Shirt Information (Size):

S 6-8 M 10-12 L 14-16
 Adult M Adult L Adult XL

How did you hear about us?

Flyer Word of Mouth Other _____

PAYMENT INFORMATION

FEE: \$40/day \$200/Week

REGISTRATION FEE: \$50 Non-refundable per family*
Current families' fee applied towards next billing cycle

Check enclosed: **Payable to St. Ann Center**

Bill my credit card. **Select:** Master Card VISA

Card # _____

Exp. Date _____/_____/_____

Amount to be charged \$ _____

Cardholder _____

I receive W2 Child Care benefits. Must be approved

Case # _____

SESSIONS (Check week/days child will attend):

6/10-6/14 6/17-6/21 6/24-6/28 7/1-7/5
 7/8-7/12 7/15-7/19 7/22-7/26 7/29-8/2
 8/5-8/9 8/12-8/16 8/19-8/23 8/26-9/30

Select Days: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___

PARENT GUARDIAN AUTHORIZATION

I approve this application and certify that the applicant is capable of such an experience. I agree to pay the balance of the program fees 7 days prior to the start of each camp session. No refunds will be given unless the program is cancelled by the program director or a doctor's authorized medical reason has been given. I understand that no refunds will be given if the child leaves early because of homesickness or disruptive behavior as determined by the program director.

By signing this form I certify approval of good health of the child, and in the event that I cannot be reached in an emergency authorize St. Ann Center staff to render first aid; give permission to the physician selected by St. Ann Center to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child as named above. Prudent attempts will be made to contact the parent/guardian immediately. I understand that in signing this form, I agree to release St. Ann Center from any liability for the risk of illness, accidents or injury.

I give my permission for St. Ann Center's staff to apply sun screen and /or insect spray to my child prior to going outside. I also grant permission for the applicant to participate in all program activities, including off-ground trips by walking or bus

St. Ann Center is not responsible for lost, stolen or damaged personal articles. Permission is also given to use any video or photographs that my child may be in for future St. Ann Center promotions. I agree to waive any claims against St. Ann Center and its members and volunteers for injuries or damages that may result from the conduct of other persons, including participants in St. Ann Center's programs.

Yes No I have had an opportunity to review the policies of this child care center and summary of the Wisconsin Rules for Licensing Child Care Centers.

Yes No I have been informed of the number of pets in the center and their degree of contact with the enrolled children.

Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

I hereby give consent to have my child (Name): _____

to participate in St. Ann Center's summer program.

Parent/Guardian SIGNATURE _____

Date _____