



## Sunny Days Summer Camp Registration Form

(Please print neatly)

Camper Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name/s \_\_\_\_\_

Phone (C) \_\_\_\_\_ Phone (C) \_\_\_\_\_

Parents Email \_\_\_\_\_

Age at Camp \_\_\_\_\_ Birthdate \_\_\_\_\_ School Grade (2023/24) \_\_\_\_\_

\*To attend Sunny Days summer camp, your child must be registered at St. Katharine Drexel for the 2024/2025 school year.

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**Weeks Attending (Please Circle) #1 (June 24<sup>th</sup> – June 28<sup>th</sup>) #2 (July 1<sup>st</sup> -3<sup>rd</sup>) #3 (July 8<sup>th</sup> -12<sup>th</sup>)**

**#4 (July 15<sup>th</sup> – July 19<sup>th</sup>) #5 (July 22<sup>nd</sup> – 26<sup>th</sup>) #6 (July 29<sup>th</sup> – August 2<sup>nd</sup>)**

**Due to the repaving of the parking lot, the camp season is only 6 weeks this year.**

Please Check: Full Day Camp: \_\_\_\_ (9:00 am – 3:00 pm) Mini Camp: \_\_\_\_ ( 9:00 am – 12:00 pm)

T-Shirt Size: (Please Circle) YS YM YL AS AM AL AXL

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### Medical Information

Does the camper have any allergies? **Yes No**

If Yes, please describe: \_\_\_\_\_

Is the camper taking any medications? **Yes No**

If Yes, please describe: \_\_\_\_\_

Does the camper have dietary restrictions? **Yes No**

If Yes, please describe: \_\_\_\_\_



## Sunny Days Summer Camp Registration Form

Emergency Contact Names	Relationship to Camper	Contact #	Contact #

Medical Insurance Provider/s	Policy Holder	Policy #	Contact #

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CAMPER RELEASE: PERSON(S) TO WHOM THE CHILD MAY BE RELEASED: (PLEASE PROVIDE FULL NAME)

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_
- 4.) \_\_\_\_\_

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### Waiver of Liability

I hereby authorize Sunny Days Summer Camp staff to act for me according to their best judgment in any emergency requiring medical attention, and I, at this moment, waive St. Katharine Drexel from any and all liability for any injuries or illness incurred while at the Sunny Days Summer Camp. I have no knowledge of any physical impairment that would be affected by my child/ren's participation in the program. I also understand that Sunny Days Summer Camp retains the right to use photographs and videos of the participants during the summer camp for publicity and advertising purposes. I also understand that the Sunny Days Summer Camp staff reserve the right to dismiss any participant whose conduct is detrimental to the program, and no refund will be issued. I hereby give my permission for my child to watch G and PG-rated movies. In addition, I give my son/daughter permission to use the technology at Sunny Days Summer Camp. During the times they will be using technology, staff members will monitor them. Campers are to follow all rules and use the technology with respect and responsibility. I, as well as my child, understand that if they do not cooperate, they will not be allowed to use any technology for the remainder of the camp, and if any damage occurs, I will be held accountable.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Sunny Days Summer Camp Registration Form

### Payment Information

#### Pricing

Full-Day Camp (5 days, 9:00 am to 3:00 pm ): \$225.00

Half Day (5 days, 9:00 pm to 12:00 pm ) \$125.00

(You must fill out the entire sheet.)

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Registration Fee \$25 (**Must be paid by check. Cash will not be accepted**)

1st Child Tuition \$ \_\_\_\_\_

2nd Child Tuition @ 10% off \$ \_\_\_\_\_

3rd Child Tuition @ 10% off \$ \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

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Amount Enclosed with Registration \$ \_\_\_\_\_

**Please return registration materials to school by Tuesday, April 2<sup>nd</sup>.**

Balance Due \$ \_\_\_\_\_

**Tuition must be paid in full by Thursday, May 30<sup>th</sup>.**

**A confirmation email/invoice will be sent to you after registration has closed.**