

St. Peter's 2022 Summer Art Camp Registration

Camper's name: _____ Phone: _____
Address: _____
Date of Birth: _____ Age: _____ Grade _____
Guardian 1 _____ 2 _____ Phone _____
Emails _____
Emergency Contact: _____
Names of other people authorized to pick up your child

Please **Circle** the desired week/weeks and am or pm session

Week 1 July 25-29

Week 2 Aug. 1-5

Total Paid \$ _____ Checks payable to **Mrs. Oeschger**

Allergies _____

Behavioral issues _____

Medications _____

Children are expected to bring medication with them and turn it into staff. Please provide written directions. We do not have a nurse on staff. The staff can remind student to take medication but take no responsibility for administering medicine.

Needs/accomodations _____

Immunized? Yes _____ No _____

Health insurance _____ Physician/office number _____

Policy # _____ ID _____

Permission to secure treatment:

In the event of an emergency, I authorize staff to secure from any licensed hospital, physician, medical personnel any treatment deemed necessary for me or any minor child's/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility or hospital if I am unable to be reached first.

I agree to all terms and agree that St. Peter's Church, Miss Nyman, and Mrs. Oeschger are not responsible/liable for any illness contracted by or injury to any child while they are at St. Peter's Summer Art Camp.

NOTE* If a state shutdown occurs, camp will continue virtually and no refund will be offered. If a child signs up and contracts COVID, before camp starts or up to 2 days into camp, a refund can be offered, but not beyond those 2 days. NO pro-rating!!! If your child is exhibiting any symptoms, keep them home. We reserve the right to send a child home if they are exhibiting symptoms. Teachers have been vaccinated. Each morning, at registration/drop off parents will sign their child in. Everyone must wear masks at all times as state guideline suggest. Proper cleaning and health guidelines will be in place.**

Signature of Parent _____

Date _____ Print Name _____