

Open to St. Philip Parishioners and Corpus Christi School Students. Envelope #: _____

For rising 2nd graders – rising 6th graders

Registration Fee: 1 Child \$ 50 2 Children \$ 70
3 or more \$ 80 Discount fee available for siblings only

Family Name: _____ Home Phone: _____

Address: _____ / _____ / _____
Street Address City Zip

Parents' email address: _____ and/or can we text you? __Yes __No

I. PARENTS

Father's Name: _____ Phone # during SC hours: _____

Mother's Name: _____ Phone # during SC hours: _____

If parents are separated/divorced, who has primary custody: _____

Emergency Contacts: In the event a parent cannot be reached, you must give the name, address and phone number of two persons who could pick up and take your student home in a timely manner.

(1) _____
(Name) (Street Address) (City) (State) (Zip) (Relationship) (Phone)

(2) _____
(Name) (Street Address) (City) (State) (Zip) (Relationship) (Phone)

II. CAMP PARTICIPANTS

Child's Name: _____ **Grade in 2016-17 / DOB:** _____ / _____

Outstanding Medical History: _____
(e.g. diabetes, heart disease, contact lenses, hearing aid, etc.)

Student's Allergies (if any): _____ Action to Take: _____

Medications Student is taking: _____ Date of Last Tetanus Shot: _____

Child's Name: _____ **Grade in 2016-17 / DOB:** _____ / _____

Outstanding Medical History: _____
(e.g. diabetes, heart disease, contact lenses, hearing aid, etc.)

Student's Allergies (if any): _____ Action to Take: _____

Medications Student is taking: _____ Date of Last Tetanus Shot: _____

Child's Name: _____ **Grade in 2016-17 / DOB:** _____ / _____

Outstanding Medical History: _____
(e.g. diabetes, heart disease, contact lenses, hearing aid, etc.)

Student's Allergies (if any): _____ Action to Take: _____

Medications Student is taking: _____ Date of Last Tetanus Shot: _____

Child's Name: _____ Grade in 2016-17 / DOB: _____ / _____

Outstanding Medical History: _____
(e.g. diabetes, heart disease, contact lenses, hearing aid, etc.)

Student's Allergies (if any): _____ Action to Take: _____

Medications Student is taking: _____ Date of Last Tetanus Shot: _____

III. INSURANCE INFORMATION

Doctor's Name: _____ Phone #: _____

Insurance Company: _____ Policy # _____

I agree to pick up my sick or injured child in a timely manner when contacted. If I cannot be reached, the above emergency contacts can be called to pick up my child. Additionally, if I cannot be contacted in an emergency, the parish personnel has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment, when a physician deems necessary for the well-being of my child.

Signature of Parent/Guardian

Date

IV. WAIVER INFORMATION – RIGHT TO OBJECT

The Religious Education program of Saint Philip Parish of the Diocese of Arlington may produce or participate in videotape, audio recording, Internet (i.e., Website) or still photograph productions that may involve the use of students' names, likenesses, or voices. Such productions may be used for educational and/or parish marketing purposes and may be copied or copyrighted with the parish retaining any and all rights to such productions.

You have the right to object to the use of your child's name, picture, or voice in these productions and may do so by completing the form below and returning it to the office of RE. If the form is not returned, we will assume that you waive your right to object.

Check if you do **NOT** allow your student to participate in these activities:

ACTIVITY	PERMISSION NOT GRANTED
1. Videotaping	_____
2. Audio Recording	_____
3. Pictures at Parish Events	_____
4. Internet (other than parish website)	_____
5. Parish Website Only (no names used)	_____
6. Television	_____
7. Newspaper Articles/Pictures	_____
8. Other: (specify)	_____

Signature of Parent/Legal Guardian

Date

Campers:

- Wear comfortable outdoor summer clothes (no dress, skirt), sneakers, and socks.
- Bring a refillable water bottle

We provide water and snacks Monday-Thursday, and a pizza party on Friday.

In case of food allergies we ask parents to send in food from home.