

Camp Roberto 2012

A program of St. Anthony's Community Center

Kindly return completed application with non-refundable deposit of \$110.00 by May 25, 2012.

Camper's Full Name _____

Address _____

City _____ State _____ Zip _____ Birth date _____

Sex _____ School _____ Present Grade _____

Please circle the weeks for which you are registering: all nine weeks __ 1__ 2__ 3__ 4__ 5__ 6__ 7__ 8__ 9__

Mother's Full Name _____

Address (if different from above) _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Place of Employment _____ Business phone _____ (ext.) _____

Email address _____

Father's Full Name _____

Address (if different from above) _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Place of Employment _____ Business phone _____ (ext.) _____

Email address _____

Who has the authority to pick your child up from camp?

Name

Home phone

Cell phone

Relationship to child

In the case of an emergency and I cannot be reached, St. Anthony's should contact

Name _____ Relationship to child _____

Address _____

Home phone _____ Cell phone _____

My child has the following physical handicaps, illnesses, allergies or other conditions that St.

Anthony's should be aware of:

My child is on the following type of medication:

Family Doctor _____ Phone _____

Address of Doctor _____

Medical Insurance Information

Plan Holder _____ ID Name and Number _____

Any other pertinent information _____

If you do not have medical insurance, please state NONE: _____

I grant permission for my child _____ to participate in all activities offered at Camp Roberto, to be transported by bus daily, & to attend longer off-site field trips with adult supervision.

Date _____ Parent Signature _____

I am enrolling my child _____ in St. Anthony's Community Center's Camp Roberto. I understand the fee for the entire day camp program is \$1394.00, payable as stated in the camp brochure.

Date _____ Parent Signature _____

Parent/Guardian Permission/Release: I do hereby allow my child or ward to participate in any program function sanctioned by St. Anthony's Community Center. I release the St. Anthony's Community Center and its staff from all claims of any injuries sustained by the above child while participating in any St. Anthony's Community Center sponsored activity or program. If medical attention is required for my child, I give permission for such medical care to be administered. I understand that I am to pay for the cost of any such medical treatment.

Date _____ Parent Signature _____

Camp Roberto serves children who are able to function successfully in a large group setting. Children with special needs may be accepted on a case-by-case basis. If, in the judgment of the staff, a child is not able to function in a group setting, or the center's program is not able to meet the special needs of a particular child, the family may be asked to withdraw the child. Camp Roberto invites all persons to apply for services regardless of race, color, creed, or national origin.