



Summer Camp 2010

Good Shepherd Episcopal School

Ages 1-8 years
Tuesdays and Thursdays
9:30 - 2:30, July 6 - 29
Cost \$240.00 lunch & snack included
Due at registration (nonrefundable)

Four Weeks of Summer Fun!

Friendship Week **Fun with Food Week**
Games Galore Week **Music & Movement Week**

Name _____

Age _____ **DOB** _____

Parent's Name _____

E-Mail Address _____

Address _____ **Zip Code** _____

Home # _____ **Cell** _____ **Allergies** _____

Last Tetanus Shot _____

Dietary Restrictions _____

Physical Restrictions _____

Physician _____ *Phone* _____

Health Insurance Group _____ *Plan #* _____

Insured SS# _____

Persons responsible for bringing/picking up your child

_____ *phone* _____

_____ *phone* _____

Describe you child's personality, likes, dislikes, what makes him happy, sad, etc., potty training if pertinent, and discipline at home. Any information you provide will help us create a happy environment for your child.

I hereby waive any claim against the Episcopal Church/School of the Good Shepherd. I hereby grant permission for the Director, Staff person, teacher, Priest or an authorized counselor to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following.

- 1. Attempt to contact parents or guardians through numbers listed on this form.*
- 2. Attempt to contact child's physician.*

3. If we cannot contact you or your child's physician, we will do any or all the following: call another physician, or paramedic, call an ambulance, have the child taken to an emergency hospital in the company of a staff member.

Any expenses incurred as a result of taking the above action will be borne by the child's family. The church/school will not be responsible for anything that may happen as a result of false or omitted information given at the time of registration.

Signature of parent/guardian

Date