

BRAINPOWER SUMMER CAMP 2017

St. Peter Prince of Apostle School

Registration Form

Camper Name _____ Parent(s)/Guardian(s) _____

Address _____ Home Number _____

Work Number _____ School _____

Cell Number _____ Birthday _____ Grade 2016 -17 _____

Email _____

Camper's T-shirt Size: (Youth) 2T 3T 4T 5T XS S M L (Adult) S M L
(circle one)

Select Weeks	Week	Date/Week	Theme	Tuition 185.00 165.00 Siblings	Drop In Rate 45.00	Weekly Total
	1	June 5-June 9	Viva Fiesta			
	2	June 12-June 16	Dinosaur Week			
	3	June 19-June 23	Summer Play Time			
	4	June 26-June 30	Recycling Fun			
	5	July 5-July 7	Celebrate America	\$135		
	6	July 10-July 14	Storytelling			
	7	July 17-July 21	Summer Olympics			
	8	July 24-July 28	Hawaiian Hullabaloo			

+ Registration Fee \$50
(per family)
= Total Cost \$ _____

Number of children in family attending camp: _____

Make checks payable to St.Peter Prince of Apostles School. Registration fees and Camp fees for the first week are due at the time of registration. *Any cancellations made by St.Peter Prince School will result in a complete refund of all fees and registration payments. *Themes are tentative and subject to change.

Cancellation Policy

Time Until Camp Week	Registration	Camp Fee	PM Care Fee
+30 days	Non-refundable	Total Refund	Total Refund
14-29 days	Non-refundable	75% Refund	Total Refund
1-14days	Non-refundable	50% Refund	Total Refund

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Student Information Sheet

To complete the registration process, this information sheet must accompany the registration form and tuition payment. Thank you! PLEASE PRINT!

Student Name	Age	Birth Day	Sex
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Current School

Mother's Name	Contact Number
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Father's Name	Contact Number
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ALTERNATE EMERGENCY CONTACT: If parent(s) cannot be reached, please indicate alternate adult(s) whom the school should call.

Name Relationship	Contact Number
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Name Relationship	Contact Number
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CHILD RELEASE AUTHORIZATION: In addition to the above, my child may be released to any of the following (indicate N/A if not applicable).

Name Relationship	Contact Number
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Name Relationship	Contact Number
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FIELD TRIP PERMISSION: My child has permission to go on scheduled field trips in transportation provided by St. Peter School and/or UIW. I will in no way hold St. Peter's , UIW, or hired staff for any injury or accident involving my child.

Signature of Parent/Guardian

PHOTO PERMISSION: I give permission for pictures(s) of my child(ren) to be used in the St. Peter's brochure, or any other publicity for this program, and I understand there will be no compensation for such use.

Signature of Parent/Guardian

STUDENT HEALTH INVENTORY To insure that your child is carefully attended in an emergency, please be sure the health facts are accurate and complete.

ILLNESS/HEALTH CONDITIONS: Please indicate if your child has had or presently has any of the following:

ADD/ADHD Dyslexia Hearing Problems Asthma Ear Infections Insect Allergies
 Behavioral Issues Emotional Issues Kidney Conditions Blood Disorders
 Epilepsy/Seizures Liver Disorders Cardiac Conditions Food/Drug Allergies Physical Handicaps Diabetes Headaches Vision Problems

If any of the above were marked, please explain: _____

List Medications currently taking: _____

Are there any treatments, medications, or restrictions necessary at school?

No Yes, please explain: _____

Allergies, health problems, or concerns not listed above: _____

I give permission for the authorized school officials to administer PRESCRIPTION MEDICATIONS ordered by his/her physician. This medication must be in a pharmacy labeled container accompanied with a physician prescription (and dated for the 2017 summer program administration).

No Yes, list medications to be administered: _____

I give permission for St. Peter's to assume parental privileges in EMERGENCY (medical, dental, and general health) situation.

No Yes, Hospital of choice: _____

Physician: _____ Phone _____

Dentist: _____ Phone _____

I UNDERSTAND ST.PETER'S ACCEPTS NO RESPONSIBILITY FOR MEDICAL LIABILITY. I WILL BE BILLED FOR A MEDICAL EXPENSES INCURRED.

Signature of Parent/Guardian Date

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Field Trip Permission Form

Please check the field trips your child/children will be attending. Sign the permission slip that is included in registration packet.

Summer Camp Field Trips

_____ **Week 1-Market Square**

_____ **Week 2-Witte Museum**

_____ **Week 3-Doseum**

_____ **Week 4-Aquarium**

_____ **Week 5-Alamo**

_____ **Week 6-San Antonio Zoo**

_____ **Week 7-Astro Bowl**

_____ **Week 8-Splash Town**

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Handbook Agreement Form

I have read/received a copy of the Brainpower Summer Camp Handbook (located online) and have read it carefully. I *understand and agree to abide to* the policies, procedures and regulations of SPP Brainpower Summer Camp including: Fee Payments, Parent Responsibilities and Expectations, Student Dress Code, Disciplinary Actions, the "Acceptable Use" regulations for Internet Access and the Model Release as included in the Handbook.

By signing I hereby *express agreement with these policies, procedures and regulations listed above.*

Date: _____ Parent/Guardian Signature: _____

Date: _____ Parent/Guardian Signature: _____

Child/children registered at SPP Brainpower Summer Camp 2017:

(Please Print):

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____