

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN
Rising 4th, 5th, & 6th Grades

INSTRUCTIONS /COST: Choose between (1) **Classes** - \$125/wk per AM session + noted supply fees (2) **Day Care** - \$90/wk per AM or PM session
(3) **Early Drop Off** - \$35/wk and **Late Pick Up** - \$45/wk. Checks payable to: STESNB

Student Name _____ Parent/Guardian Name(s) _____
Age / Rising Grade _____ Parent/Guardian Phone _____
School Name _____ Parent/Guardian Email _____

Approved Adults to pick up your child _____

In case of emergency please contact (two adults required) * in addition to Parent/Gaurdian

NAME _____ NAME _____
PHONE _____ PHONE _____
Relationship to Child _____ Relationship to Child _____

We are dedicated to providing the best camp environment for each camper. If your child has specific learning needs (such as ADHD, ADD, Aspergers Syndrome) please contact us. Together, we can make a decision whether your child can benefit from the camp. If your child has any special needs, accommodations, dietary needs, drug allergies, or medical needs that may interfere with his/her camp experience. Please list all below (if none apply, please write NONE in blank)

List all Special Needs, Accommodation, Allergies and Dietary Needs _____

List all medications that your child takes regularly, will these medications need to be administered during camp?

Please Specify _____

I certify that my child's immunizations are complete and up to date (please check box & sign below)

MEDICAL RELEASE

I give permission for medical treatment, including sunscreen and first aid, to be rendered to my child, _____ in case of emergency, illness, accident, or medical need while he/she is in the care of St. Thomas the Apostle Episcopal Church and School. I release St Thomas the Apostle, their staff, and volunteers from all liability in the case of an emergency, illness, accident, or medical need involving my child, and give them permission to transport my child to the nearest emergency facility. (Signature below)

MEDIA RELEASE

STAES may photograph/video my child (with no name attached) during Summer Camp 2018 (check one) **YES** ____ **NO** ____

My signature below certifies that the above information is accurate and complete (includes Medical release, Medications, Allergies, Immunizations, Dietary needs, Special needs, Pick-up authorization and Media Release)

Parent /Gaurdian Signature _____

Parent / Gaurdian Printed Name _____

DATE _____

Special Instructions

If you have a rising kindergartener who does not take naps, he/she will be allowed to enroll in an afternoon class with the 1st - 3rd graders. Please use the class schedule for that age group, if appropriate.

All Classes are held, registrations and payments received at St. Thomas the Apostle Episcopal Church and School.
18300 Upper Bay Rd, Houston TX 77058

A Locked & Labeled Mailbox is outside doors off the parking lot.

A copy of the current Health Insurance Card
FRONT & BACK (or waiver note) must
accompany registration.

