

Divine Mercy

Summer Camp 2010

Registration and Consent Form

Child's Information:

Child's Name (First, Middle, Last) _____
____ Male ____ Female School _____
Home Address _____ City _____ Zip _____
Birth Date _____ Age (as of May 2010) _____ Grade currently in _____
School Attending: _____

Family Information (check parent to contact for payment and other questions)

____ Mother/guardian's name _____ Employer _____
Home address _____ City _____ Zip _____
Home _____ Work# _____ Mobile# _____ Pager# _____
E-mail address (Needed for Confirmation) _____
____ Father/Guardian's name _____ Employer _____
Home address _____ City _____ Zip _____
Home _____ Work# _____ Mobile# _____ Pager# _____
E-mail address (Needed for Confirmation) _____

Emergency Information

In the case of emergency, please contact the following first: ____ Mother/guardian ____ Father/Guardian
Child's doctor _____ Doctor's phone _____
Child's dentist _____ Dentist's phone _____
Hospital preference _____
Insurance Company _____ Policy # _____
If mother, father or guardian cannot be reached, call:
Name _____ Relationship to child _____
Home # _____ Work# _____ Mobile# _____ Pager# _____
In addition to the above, list the names and relationships of persons to whom your child can be released: _____

Medical Conditions (if applicable):

____ Asthma ____ Hypoglycemia ____ Epileptic
____ Diabetic ____ Visual
____ Hemophiliac ____ Hyperactive
Other: _____

Allergies (if applicable):

Bee/Wasp/Red Ant Bite _____
Food/Types: _____
Medicines: _____
Other: _____

Child's Full Name:

For Office Use Only

State of Florida
County of Brevard

_____, parent / guardian of the child named above, who is personally known to me or who has shown the following identification _____ has been duly sworn and subscribed before me this _____ day of _____ (month), _____ (year) and agrees to the above "Release Form" and will abide by its contents.

Signature of Parent / Guardian: _____

Signature of Notary Public: _____

NOTARY STAMP:

One Registration form per child – photocopies accepted.

Registration due on or before May 15 with \$160.00 nonrefundable deposit per child! (deposit will be applied to the last 2 weeks)

Dates 2010	FULL TIME CAMP 5 Days a Week Check the weeks attending			3 DAY CAMP 3 Days a Week Check the weeks attending Please list which days of week		
	June 1- 4 SURFIN SAFARI Payment due by 5-11-2010		\$80.00			\$55.00
June 7 – 11 COLOR WARS Payment due by 5- 17-2010		\$80.00			\$55.00	
June 14 – 18 KER-SPLAT & KA-BOOM Payment due by 5-24-2010		\$80.00			\$55.00	
June 21 - 25 SPLASH Payment due by 5-31-2010		\$80.00			\$55.00	
June 28- July 2 CIRCUS SMIRKUS Payment due by 6-14-2010		\$80.00			\$55.00	
July 6 -9 ALL-AMERICAN Payment due by 6-21-2010		\$80.00			\$55.00	
July 12 -16 KIDS CLUB GOES HOLLYWOOD Payment due by 6 -27 -2010		\$80.00			\$55.00	
July 19 – 23 PIRATE'S COVE Payment due by 7-5 -2010		\$80.00			\$55.00	
July 26 – 30 Final fling Payment due by 7-12-2010		\$80.00			\$55.00	
Deposit for non-school families \$25 + \$160(applied to last 2 wks)						
Deposit for school families PER CHILD \$160 (applied to last 2 wks)		\$160.00			\$160.00	
Total Due						

Deposit due upon registration, camp space will not be held until deposit is paid. Payment must be received by Friday of the prior week for weekly registration. Make checks payable to Divine Mercy School. Put your child's name in the memo line with week and date you are paying for. We accept cash, check, or money order.

Return this completed form including deposit and fees paid in advance to:

Divine Mercy School, Attn. Summer Program, 1940 N. Courtenay Pkwy, Merritt Island, FL 32953.

***Due to staffing issues, there will be a \$25.00 per week family charge assessed to your account for canceling or switching weeks after May 15. Cancellations due to medical emergency must be submitted with a letter from a medical doctor stating the nature of the illness.**

