



# SAINT AMELIA SCHOOL

*A National School of Excellence*

2999 Eggert Road

Tonawanda, New York 14150-7199

Phone: (716) 836-2230

Fax: (716) 832-9700

Email: [office@stameliaschool.org](mailto:office@stameliaschool.org)

Website: [www.stameliaschool.org](http://www.stameliaschool.org)



## Summer Camp Registration Form 2024

*Friends and Fun 'til the Day is Done!*

### Camper Information

*Please use one registration form for each camper*

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Entering Grade \_\_\_\_\_ in fall 2024 Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If not attending St. Amelia School, school camper currently attends: \_\_\_\_\_

### Emergency Contact

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternative Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

### Person(s) responsible for dropping off / picking up camper\*:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

\*Your child will only be released to person(s) on this form, unless advance written consent is given by the parent / guardian. If, for any reason, your child does not comply with camp rules, they may be asked not to attend.

\*\*Will you be using Before or After care? Yes: \_\_\_\_\_ No: \_\_\_\_\_

*Please Note:* Before and After care will be billed through FACTS. No cash or checks will be accepted.

**Photo Release:**

\_\_\_\_\_ **YES**      \_\_\_\_\_ **NO**

*I GIVE permission to St. Amelia School to publicly display photographs, writings, drawings, media images, or audio tapes of my child for the promotion of the school.*

**Neighborhood Walks:**

Parent or Legal Guardian, your son/daughter, guardianship is eligible to participate in Neighborhood Walks under the guidance of employees from St. Amelia School’s Summer Camp. Students may take walks for additional physical activity or educational activities.

Event/Location: School neighborhood walks within 1 mile radius of the school.  
Dates: July 3, 2023 – July 28, 2023  
Time: Anytime during the school day between 9:00 A. M. and 4:00 P. M.  
Method of Transportation: Walking

If you would like your child to participate in these walks, please complete, sign, and return the following statement of consent and release of liability and medical release information. As a parent, legal guardian, you remain fully responsible for any legal responsibility that may result in the actions taken by the named student on this form.

**Liability Release:**

I/We recognize and acknowledge that there are risks in my child’s presence and participation in the above-mentioned event. I agree to indemnify, hold harmless, waive and relinquish all claims I have against St. Amelia School and the Diocese of Buffalo including any negligence claims on their part and its officers, agents, employees, representatives, or volunteers arising out of the transportation to and / or from the event, or in connection with any claims arising out of or caused by any activity my child participates in during the event.

**Medical Release Information:**

My permission is hereby given to the representatives of St. Amelia School to authorize, by his/her signature, whatever medical or surgical treatment may be considered necessary in the event of an accident or medical emergency in which the parent or guardian cannot be reached. It is understood that every attempt to reach the parent or guardian will be made. If the physician below cannot respond, I authorize any licensed physician or medical center to treat the student designated on this registration form.

Please list any allergies, restrictions, and / or pertinent medical information:

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- 1. Medication that must be given to a child on a daily basis will be given to the Camp Director on the first day of camp with directions, doctor’s name, and name of medication.
- 2. In case of accident or serious illness, I request the camp to contact me. If the camp is unable to reach me, I hereby authorize the camp to call the physician indicated below and follow their instructions. If it is impossible to contact the physician, the camp may make whatever arrangements are necessary.

Physician’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician’s Address: \_\_\_\_\_

Health Insurance Co. / Plan # / ID #: \_\_\_\_\_

By signing this form, we understand that St. Amelia School has the right to legal action for non-payment of tuition and fees for summer camp, and the parents will be responsible for the cost of collection

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please circle the week(s) your child will attend:

Week 1      Week 2      Week 3      Week 4      All 4 Weeks

*\*Pre-K, please specify half or full day registration:*      FULL DAY      HALF DAY

Any Questions, please email [summercamp@stameliaschool.org](mailto:summercamp@stameliaschool.org)

***Please Note:*** In addition to sending in your camp registration form(s), **you will also need to register online with the FACTS system where your camp tuition and any Before / After care money will be owed.** No Cash or Check payments will be accepted. A link to the FACTS website can be found at: <https://www.stameliaschool.org/summercamp>

\*Confirmation of your registration and FACTS payment will be sent via email. Please allow time for processing. Thank you!