



Saint Amelia School

Summer Camp Registration Form 2025

Camper(s) Information:

Family Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Student Name(1): _____ Age: _____ Birthday: _____ Grade Entering: _____

Student Name(2): _____ Age: _____ Birthday: _____ Grade Entering: _____

Student Name(3): _____ Age: _____ Birthday: _____ Grade Entering: _____

Student Name(4): _____ Age: _____ Birthday: _____ Grade Entering: _____

If not attending St. Amelia School, school camper(s) currently attend(s): _____

Emergency Contacts:

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(ren) 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(ren) 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(ren) for the promotion of the school.*

Sunscreen Reapplication:

_____ YES _____ NO *I GIVE permission to St. Amelia School to reapply sunscreen to my child(ren) throughout the day.*

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.

Location: School neighborhood walks within 1 mile radius of the school.

Dates: June 30, 2025 – August 8, 2025

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(ren) 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(ren)'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(ren) 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.

In case of an accident or serious illness, you will be contacted by camp staff. If the camp is unable to reach me, and there is a serious medical issue, I authorize emergency treatment.

Please list any allergies, restrictions, and/or pertinent medical information that camp staff should be aware of:

Medication that must be given to a child on a daily basis during camp hours, must be given to the Camp Director on the first day of camp and will be stored in a locked container for the remainder of the camper's time with us. The camp director will administer the medication. **The medication must have the name of medication, the dose, and the child's name accompanied by a doctor's order for us to dispense during camp hours. Medication must be in the original container.**

Child Name: _____

Medicine, reason, and dose: _____

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(ren) will attend:

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 All 6 weeks

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