



# Academy of Our Lady

# SUMMER CAMP

Camper's Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Last Name First Name

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Allergies / medical conditions? \_\_\_\_\_ Medications? \_\_\_\_\_

Check one:  Yes, my child can swim.  No, my child cannot swim.

Please list anyone who has permission to pickup your child from camp in addition to parents:

1. \_\_\_\_\_  
Name License # Phone Relationship
2. \_\_\_\_\_  
Name License # Phone Relationship
3. \_\_\_\_\_  
Name License # Phone Relationship

Additional names can be listed on reverse.

Academy of Our Lady High School Summer Day Camp reserves the right to expel any child from camp whose behavior is unacceptable. A child could also be dismissed if the parent refuses to sign a referral form.

In case of an emergency or accident, my signature below authorizes AOL Day Camp to seek immediate medical care.

My signature authorizes AOL Day Camp to bring my child on all field trips.

I hereby agree to release, absolve, and indemnify and hold harmless Academy of Our Lady High School / Day Camp and its subsidiaries. Cost of field trips not included in camp session prices.

I HAVE READ AND UNDERSTAND THE RULES ABOVE AND DO AGREE TO COMPLY.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Camper's Name: \_\_\_\_\_

Circle T-shirt Size:      2-4    6-8    10-12    14-16    AS    AM    AL    AXL

Registration Fee (non refundable)                      \$ 25.00 per child \_\_\_\_\_

Session I    June 6th – July 1st                              \$120.00 per week \_\_\_\_\_

Before Care 7:00am – 9:00am                              \$ 25.00 per week \_\_\_\_\_

After Care 4:00 pm – 6:00 pm                              \$ 25.00 per week \_\_\_\_\_

Session II    July 11th – July 29th                              \$120.00 per week \_\_\_\_\_

Before Care 7:00am – 9:00am                              \$ 25.00 per week \_\_\_\_\_

After Care 4:00 pm – 6:00 pm                              \$ 25.00 per week \_\_\_\_\_

Total    \$ \_\_\_\_\_

Amount Paid    \$ \_\_\_\_\_

Amount Owed by June 6th/July 11th                              \$ \_\_\_\_\_

Cash \_\_\_\_\_    Check # \_\_\_\_\_    Visa / Master Card Approval # \_\_\_\_\_

Received by \_\_\_\_\_    Date \_\_\_\_\_

Notes: