

Our Lady of Perpetual Help **Kids Kamp 2017 (Morton, PA)**

ACTIVITIES INCLUDE: Outdoor Sports, Board Games, Water Games, Cooking, Arts & Crafts, Video Games, Summer Reading, Air Conditioned Gym & Movie Days

EMPHASIS ON: Acceptance of others, Problem Solving, Teamwork, Conflict Resolution and Loads of FUN!

FOR THE 3rd STRAIGHT YEAR - COST HAS NOT INCREASED FOR 2017!!!

One Child: ----- \$37 per day / \$170 per week

Additional Children:---\$85 per week for each additional sibling

Registration: \$15 for one child or \$20 for more than one child

KIDS KAMP DATES:

Start on Monday, June 26, 2017 / End on Friday, August 25, 2017.

(Please note the ending date).

KAMP HOURS: 7:00 AM to 6:00 PM

For More Information please contact:

Kathleen Froio @ 484-680-1754 (cell) or 610-583-5203 (home)

E-mail: ajfro@aol.com

OUR LADY OF PERPETUAL HELP KIDS KAMP
SUMMER 2017

Student's Name _____

Child's Age _____ Date of Birth _____ Male _____ Female _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Parent's Names _____ Work # _____

Parent's Names _____ Work # _____

Emergency Pick-Up:

Name _____ Phone # _____ Cell # _____

Name _____ Phone # _____ Cell # _____

Name _____ Phone # _____ Cell # _____

The following person(s) may **NOT** pick-up my child:

Medical Information: (allergies, conditions, etc.)

Estimated Time of Arrival _____ & Pick-Up _____

Estimated Days Attending Camp: _____ or Weekly _____

Registration Fee \$15.00 for One Child / \$20 for Family (cash preferred for registration)

Parent Signatures

_____ Date: _____

_____ Date: _____

STUDENT EMERGENCY INFORMATION

PLEASE COMPLETE BOTH SIDES AND RETURN TO SCHOOL

Student _____ Birthdate ____/____/____ Teacher/Section _____

Last First MI

Address _____

Home Phone _____

Family Physician _____

Physician's Phone _____

FEMALE PARENT / GUARDIAN (Circle One)

Name _____

Relationship _____

Place of Employment _____

Work Phone _____

Cell Phone _____

Custodial Parent Yes No (Circle One)

Special Custodial Court Instructions: Yes No (Circle One)

MALE PARENT / GUARDIAN (Circle One)

Name _____

Relationship _____

Place of Employment _____

Work Phone _____

Cell Phone _____

Custodial Parent Yes No (Circle One)

Parent is responsible to provide a copy to the office.

IF UNABLE TO REACH PARENT IN CASE OF EMERGENCY THE SCHOOL MAY CONTACT AND RELEASE MY CHILD TO:

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

MEDICAL CONDITIONS / PRECAUTIONS

(Check all that apply)

____ Severe Bee Sting Allergy

____ Asthma

____ Latex Allergy

____ Seizure Disorder

____ Medication Allergy (please list) _____

____ Food Allergy (please list) _____

____ Other Conditions (please list) _____

Daily medications taken by your child:

Medication	Dosage	Times
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of last Tetanus Shot (dT, TT, DPT, DT, DTaP) _____

My child has permission to receive an antacid at school YES ___ NO ___

My child has permission to receive acetaminophen (Tylenol) at school YES ___ NO ___

My child has permission to receive ibuprofen (Advil) at school (Middle and high school only) YES ___ NO ___

I hereby give permission for my child to be treated in the health room in accordance with Ridley School District Policies and to be transported to the doctor or hospital for evaluation and/or treatment in the event of an emergency. The School Nurse may release necessary information about my child to appropriate school personnel and in the case of medical emergencies to persons or agencies rendering care to my child.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Language spoken in the home: English _____ Other _____

During the weeks at camp we will be going
outside for water play

Please bring in the listed items below in a bag with your child's name on it:

- ✓ Bathing suit or clothes that can get wet
- ✓ Towel
- ✓ Shoes that can get wet (flip flops)
- ✓ Sunscreen
- ✓ A plastic bag for wet clothes

Shoes must be worn at all times!

We will have water play every day
(weather permitting)

Summer Camp Pledge

We will not drop off my child(ren) prior to 7:00 AM or pick up my child(ren) after 6:00 PM

We understand that if my child(ren) is/are not picked up by 6:00 PM, there is a late fee of \$15.00 for every 15 minutes they are at camp.

This late payment must be paid by the end of the week, or the following Monday if the late day was on a Friday.

Parent Signature: _____

Parent Signature: _____