

# St. Ann Catholic School STREAM Summer Camps

6529 Stage Rd. Bartlett, TN 38134

Tell us what you're interested in:

Camp name: _____
Camp date: _____
Camp leader: _____

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Camp date: _____
Camp leader: _____

## Camp Payment

Checks should be made payable to the individual camp leader, *not to St. Ann School*. In order to hold your child's spot, payment is required when you submit your registration form. Payments are non-refundable.

Registration and medical forms are available in the school office or on our website at [www.sascolts.org](http://www.sascolts.org). Each camp is run by a different person, so please see the contact information if you have questions.

Child's Full Name \_\_\_\_\_

Nickname \_\_\_\_\_

Male \_\_\_ Female \_\_\_

Grade (2020-2021) \_\_\_\_\_

If parents are divorced, separated, etc., who has custody of the child? \_\_\_\_\_  
(Legal papers **MUST** be on file with us to enforce)

Child's  
address \_\_\_\_\_  
(PHYSICAL address, **NOT** P.O. BOX)

Mother's  
Name \_\_\_\_\_

home  
address \_\_\_\_\_

city \_\_\_\_\_ zip code \_\_\_\_\_ home phone \_\_\_\_\_

Email address \_\_\_\_\_

place of employment \_\_\_\_\_

**\*work phone** \_\_\_\_\_ **\*cell phone** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

home address \_\_\_\_\_

city \_\_\_\_\_ zip code \_\_\_\_\_ home phone \_\_\_\_\_

Email address \_\_\_\_\_

place of employment \_\_\_\_\_

**\*work phone** \_\_\_\_\_ **\*cell phone** \_\_\_\_\_

**List those, OTHER THAN PARENTS, to whom your child may be released:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact Person- **MANDATORY**

Person, **OTHER THAN PARENTS**, to call in an emergency when parents cannot be reached.

This person must be someone who can pick your child up for you within thirty minutes and **CANNOT LIVE OUT-OF-STATE.**

Name \_\_\_\_\_

phone \_\_\_\_\_

### PERMISSIONS / RELEASE

1. I hereby authorize St. Ann staff to act on my behalf in seeking and approving emergency medical treatment.
2. I have completed the application and emergency information is up-to-date.
3. I release St. Ann from all liabilities of all sponsored activities of the program.

**PARENTAL SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office use only:**

Payment total: \_\_\_\_\_

\_\_\_\_\_ cash    \_\_\_\_\_ check # \_\_\_\_\_

Received by : \_\_\_\_\_

Date: \_\_\_\_\_

# Medical Information

Tell us if your child has **ANY** medical issues that we need to be aware of while caring for your child. All information is confidential, so please answer all questions as thoroughly as possible. This information will be beneficial in the event that we are unable to reach you quickly during health concerns.

1. Is your child on **ANY** medication: if so, what and why? \_\_\_\_\_  
\_\_\_\_\_

2. List **ALL** allergies, including bee/insect stings:  
\_\_\_\_\_

4. Does your child have a seizure condition, severe headaches/migraines, asthma or respiratory problem, or any other medical problems that we should be aware of? Any treatments or medications needed?  
\_\_\_\_\_  
\_\_\_\_\_

5. Are there any restrictions to physical activities? If so, please explain. \_\_\_\_\_  
\_\_\_\_\_

Child's physician \_\_\_\_\_ Phone number \_\_\_\_\_

Physician's address \_\_\_\_\_

Dentist \_\_\_\_\_ Phone number \_\_\_\_\_

**Medical Insurance Co.** \_\_\_\_\_

**Address** \_\_\_\_\_

**Policy#** \_\_\_\_\_

**Emergency Numbers:** Mom \_\_\_\_\_ Dad \_\_\_\_\_

1. I hereby authorize SAS staff to act on my behalf in seeking and approving emergency medical treatment.
2. I give my permission for SAS staff to clean wounds with hydrogen peroxide, to apply Neosporin to cuts/scratches, and apply topical Benadryl to bug bites and rashes.

Exceptions/Comments: \_\_\_\_\_  
\_\_\_\_\_

**Parental Signature** \_\_\_\_\_ **Date** \_\_\_\_\_