

St. Constance School Summer Day Program 2024 Registration Form
(PLEASE PRINT CLEARLY!)

Student's Name _____

Date of Birth ____/____/____ Age in September 2024: _____ Circle: M or F

Student's School _____ Grade in September 2024: _____

Home Address _____ City _____ State _____ Zip code _____

Mother's Name _____ Mother's Email _____

Mother's Cell # _____ Mother's Work # _____

Father's Name _____ Father's Email _____

Father's Cell # _____ Father's Work # _____

Child lives with: ___ Mother ___ Father ___ Legal Guardian(s) Home Phone _____

***CHOOSING YOUR OWN DAYS:**

We cannot accommodate choosing days as you go through the summer camp. However, in order to have the convenience of choosing your own days, it is mandatory that ALL days must be chosen by Thursday, May 30th. If your days are not chosen by this date, your registration fee will be forfeited, and your spot in the program will no longer be held. In addition, if your child is absent for the summer program, refunds will not be issued. If you understand and agree to these terms, please sign below.

☎ Person(s) to contact in case Parent/Legal Guardian cannot be reached:

Emergency contact #1 _____ Phone # _____ Relationship _____

Emergency contact #2 _____ Phone # _____ Relationship _____

Please list any medical conditions or allergies for student: _____

Parent/Legal Guardian Agreements:

Who is authorized to pick up your child(ren)? Your child(ren) will be released **ONLY** to the people listed below. We must be notified ahead of time if anyone other than the Parent/Legal Guardian will be picking up a child. They must present a valid, recent picture I.D.

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Is anyone prohibited (not allowed) from picking up your child(ren)? ___ Yes ___ No

If yes, who? _____

I hereby authorize the teachers and staff of St. Constance School Summer Day Program to act to their best judgment in any emergency regarding medical attention. I hereby waive and release St. Constance School and all program staff from any and all liability for injuries or illnesses while in this program. My payment is not refundable. Cancelled check is your receipt. All fees are due at time of registration. Make checks payable to St. Constance School.

Parent/Guardian Signature _____ Date ____/____/____

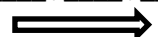


Photo Release Permission 2024

As a parent or guardian of this student, I hereby consent to the use of photographs/video taken during the duration of this Summer Program for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

____ Yes, I give consent for the St. Constance Summer Day Program to photograph my child for purposes listed above.

____ No, I do not authorize St. Constance Summer Day Program to photograph for my child for any purposes listed above.

Parent Signature: _____ Date: _____

Student's Name: _____

CONDUCT AGREEMENT 2024

At the St. Constance Summer Day Program, we take the happiness of your child(ren) very seriously. We want every day to be a happy memory for them. Therefore, we work very hard to create an environment which will promote enjoyment. We need your help to create this environment. Below is our conduct agreement for the summer program. After reading through the St. Constance Summer Day Program handbook with your child(ren), please sign this conduct agreement form at the bottom, detach it from the handbook packet, and have your child(ren) return it to us the next day. This will enable all of us to have a fun, safe summer. The handbook is found on our website at www.scssummerdayprogram.weebly.com and click on the "Rules for Students" page. Thank you.

- _____ I will listen to all teachers & staff and follow their directions.
- _____ I will respect other people's belongings by not touching or using them without permission.
- _____ I will keep my hands and feet to myself.
- _____ I will use my inside voice when inside buildings.
- _____ I will use appropriate language which does not use negative remarks
- _____ Before leaving a room or play area, I will get permission from an instructor or staff member, and always have someone with me.
- _____ I will wear gym shoes/sneakers daily for my safety.

1st incident- Warning

2nd incident- Time-out from activity

3rd incident- Removal from play/station area
and sent to the program directors.
Parent will be notified.

Not abiding by these rules can result in removal from the summer program. I understand the rules of St. Constance Summer Day Program 2024 and agree to follow them.

PLEASE SIGN AND RETURN BEFORE OR ON 6/10/24

Parent Signature, Date

Child Signature, Date