

Please complete this entire form and return it along with payment to:

ST. ANN CENTER
STEIN CAMPUS SUMMER PROGRAM
2801 E. Morgan Avenue, Milwaukee, WI 53207

First Summer Program Session Starts June 11, 2018!

Summer Camp Registration **Deadline is April 13th 2018**. Children must be enrolled for a **TWO DAY PER WEEK MINIMUM!!** Register early to reserve your spot. Registration will be confirmed via e-mail. If you sign up for a week and you **DO NOT** attend, you are still responsible to pay for that week. Registration fee is required to save a spot for Summer Camp. More details to be sent out closer to date.

Accepting children ages 5 - 12 and up to 17 years of age with a disability.

One child per registration form please. Form may be copied.

Questions? Call **414-977-5074**.

CHILD INFORMATION

(I have selected the weeks and days I want on this same form).

Child's Name _____
(First, Middle, Last)

DOB ___/___/___ Age at start of camp___ Last grade completed___

Disability? (type) _____

Past Camper? Yes No If yes, for how many years? _____

First Day of Attendance this year ___/___/___

Address _____
City _____ State _____ Zip _____

Parent/Guardian Name _____
E-mail Address _____
Home Phone _____ Work Phone _____
Cell Phone _____

T-shirt Information (Size):

S 6-8 M10-12 L 14-16
Adult M Adult L Adult XL

How did you hear about us?

Flyer Word of Mouth Other _____

PAYMENT INFORMATION

FEE: \$40/day \$200/Week

REGISTRATION FEE: \$50 Non-refundable per family*

Check enclosed: **Payable to St. Ann Center**

Bill my credit card. **Select:** MasterCard VISA
Card # _____
Exp. Date ___/___/___
Amount to be charged \$ _____
Cardholder _____

I receive W2 Child Care benefits. Must be approved
Case # _____

SESSIONS (Check week/days child will attend):

6/11-6/15 6/18-6/22 6/25-6/29 7/2-7/6
7/9-7/13 7/16-7/20 7/23-7/27 7/30-8/3
8/6-8/10 8/13-8/17 8/20-8/24 8/27-8/31

Select Days: Mon ___ Tues ___ Wed ___ Thur ___ Fri ___

PARENT GUARDIAN AUTHORIZATION

I approve this application and certify that the applicant is capable of such an experience. I agree to pay the balance of the program fees 7 days prior to the start of each camp session. No refunds will be given unless the program is cancelled by the program director or a doctor's authorized medical reason has been given. I understand that no refunds will be given if the child leaves early because of homesickness or disruptive behavior as determined by the program director.

By signing this form I certify approval of good health of the child, and in the event that I cannot be reached in an emergency authorize St. Ann Center staff to render first aid; give permission to the physician selected by St. Ann Center to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child as named above. Prudent attempts will be made to contact the parent/guardian immediately. I understand that in signing this form, I agree to release St. Ann Center from any liability for the risk of illness, accidents or injury.

I give my permission for St. Ann Center's staff to apply the sun screen and/or insect spray that I supply to my child prior to going outside.

I also grant permission for the applicant to participate in all program activities, including off-ground trips by walking or bus.

St. Ann Center is not responsible for lost, stolen or damaged personal articles. Permission is also given to use any video or photographs that my child may be in for future St. Ann Center promotions. I agree to waive any claims against St. Ann Center and its members and volunteers for injuries or damages that may result from the conduct of other persons, including participants in St. Ann Center's programs.

Yes **No** I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.

Yes **No** I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

I hereby give consent to have my child (name):

_____ to participate in St. Ann Center's summer program.

Parent/Guardian SIGNATURE _____
Date _____