

# St. Louis Summer Camp 2024

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June 3 - August 2 (closed July 1-5)

Entering Kindergarten – Entering 5<sup>th</sup> Grade

7:30 AM – 5:30 PM



## Child Information:

Name:
Date of Birth:
Grade in Fall 2024:

## Parent/Guardian Information:

Mother:	Father:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Place of Work:	Place of Work:
Work Hours:	Work Hours:
Home Address:	Home Address:
City, State, Zip:	City, State, Zip:
Email:	Email:

If parents are divorced or if different guardian, who has custody? \_\_\_\_\_

## Persons other than parents or guardians allowed to pick up child:

1.	2.	3.
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## Emergency Contact Information (other than primary guardian)

Name:	Name:
Relationship:	Relationship:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Place of Work:	Place of Work:
Work Hours:	Work Hours:
Home Address:	Home Address:
City, State, Zip:	City, State, Zip:

## Additional children in home:

Name:	Name:	Name:
Age:	Age:	Age:
School:	School:	School:

## **Health Information**

The information you provide will help us not only care for your child, but it also will be vital if an emergency occurs.

1. Is your child on any medications? If so, please list.

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2. Does your child have any allergies or reactions to food or his or her environment? If so, please list.

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3. Is your child allergic to bee stings? \_\_\_\_\_

4. Does your child have a seizure condition? If so, please explain.

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5. Does your child have severe headaches or migraines? \_\_\_\_\_

6. Are there any restrictions to physical activity? If yes, please explain.

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7. Does your child have asthma? \_\_\_\_\_

8. Please list any information that you feel would be beneficial to helping us work with your child.

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Child's Doctor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Hospital or Office: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

### Permission/Release

1. I hereby authorize the staff of St. Louis School/St. Louis Extended Care to act on my behalf in seeking and approving emergency medical attention.
2. I release St. Louis School/St. Louis Extended Care from all liabilities of all sponsored activities of the program.
3. I allow my child to leave St. Louis's campus for scheduled trips.
4. I allow my child's photograph to be taken and/or used for program publications.
5. I have completed the application and health history; my emergency information is current.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 2024 St. Louis Summer Camp

## *Enrollment and Fees*

June 3 – August 2

7:30 AM – 5:30 PM

Closed July 1-5

**Registration Fee per child: \$35.00**

Fees: Full Time -- \$170.00 per week

### FULL-TIME ONLY

\$170.00 per week, per child

(This does not include field trips, swimming, or Ice Cream Man.)

Check here to enroll in the full-time program.

Full-Time: 4 to 5 days per week for nine weeks with one vacation week.

Parent/Guardian signature: \_\_\_\_\_

### PART-TIME / DROP IN

\$60.00 per day, per child

(This does not include field trips, swimming, or Ice Cream Man.)

Check here to enroll in the part-time / drop-in program.

I agree to pay the fees for the enrollment status that I have chosen above. If I do not pay the fees agreed upon above, I understand that my child may be removed from the program.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_