



**St. Louis Summer Camp 2026**  
**Ebony Heath, Director**  
**Aftercare Telephone 901-558-4776**  
[aftercare@stlouismemphis.org](mailto:aftercare@stlouismemphis.org)

June 1st-July 31<sup>st</sup> (Closed June 29th-July 3<sup>rd</sup>)  
 Entering Kindergarten – Entering 5<sup>th</sup> Grade  
 7:30 AM – 5:30 PM

**Child Information:**

Name:
Date of Birth:
Grade in Fall 2026:

**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 guardians, who has custody? \_\_\_\_\_

**People other than parents or guardians are allowed to pick up children:**

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 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 on 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: \_\_\_\_\_

# 2026 St. Louis Summer Camp Summer Camp T-Shirt

Name:

Shirt Size:



**2026 St. Louis Summer Camp**  
**Enrollment and Fees**  
**June 1st– July 31<sup>st</sup> (Closed June 29<sup>th</sup>-July 3<sup>rd</sup>)**  
**7:30 AM – 5:30 PM**

**Registration Fee per child: \$50.00 (This will include a summer camp T-shirt)**

PLEASE SIGN UP FOR SUMMER CAMP BY APRIL 10<sup>th</sup>, 2026.  
Applications received after this date will not be accepted.

**FULL-TIME ONLY**

\$250.00 per week, per child

(This includes all activities and field trips, except the purchases from the ice cream truck.)

Campers enrolled in aftercare will not receive a discounted rate if they attend another camp on or off campus. The aftercare fee is \$250 per week, and the full weekly rate applies whether the camper attends a full day or a half day.

Check here to enroll in the full-time program.

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

**PART-TIME / DROP IN**

\$85.00 per day, per child

(This DOES NOT include activities, field trips, and ice cream truck.)

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

Part-Time/Drop In: 3 days or fewer week for eight weeks, with one vacation week.

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: \_\_\_\_\_