

St. Albert's

Summer Camp 2023

St. Albert's Summer Camp families,

We are thrilled to announce that summer camp is back for 2023! As always, we have an exciting summer planned with lots of fun activities for your kids to enjoy. Our program includes splash days, educational programs that relate to our weekly themes, BBQ's, our annual talent show, and overnight camps! The summer camp will run for 9 weeks from June 12th to August 11th, Monday to Friday, from 7:00 AM – 6:00 PM. We can't wait to see all our returning families and welcome new faces to our summer camp community. If you have any questions, please don't hesitate to email us at summercamp@stalbertreno.org. Let's make this summer unforgettable!

- Registration Fee Before May 24th: \$100
- Registration Fee After May 24th: \$150
- Daily Fee for Camp: \$70
- Weekly Fee for Camp: \$200
- Late Fee: \$1 per minute after 6:00 PM

-Summer Camp Staff

St. Albert the Great Summer Camp Registration Form

Please fill out one registration form per child

Child's Name: _____

Date of Birth: ___/___/___ Grade Going Into _____ Age: _____ Sex: M / F Today's Date: _____

Home Address: _____

Parent / Guardian's Name: _____

Mother's Address if Different: _____

Mother's Phone Number: Home: _____ Cell: _____ Work: _____

Mother's Email: _____

Father's Address if Different: _____

Father's Email: _____

Father's Phone Number: Home _____ Cell _____ Work _____

*In case of an emergency, if a parent/ guardian cannot be reached, whom should we contact? *

Name _____ Relationship _____ Phone _____

Person's authorized to pick your child up from Camp other than parents:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name: _____ Relationship _____ Phone _____

MEDICAL INFORMATION:

Such as severe allergic reactions to bee stings, penicillin, etc. Problems with vision, hearing, heart, asthma, diabetes, epilepsy, etc. Please explain and indicate if child is on any medication.

Is child on any medication? Yes No If yes, name of medication:

Hospital Preferred:

Emergency Contacts

Name and Relationship:	Phone
Name and Relationship:	Phone
Name and Relationship:	Phone
Name and Relationship:	Phone
Name and Relationship:	Phone:

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

In the event of serious emergency, and none of the parents or named emergency contacts can be reached, I authorize school officials to call my family doctor or, if the situation demands, to transfer my child to the nearest hospital for the necessary emergency care. I consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a certified hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital.

For Summer Camp 2023 _____ / _____
Signature of Parent or Guardian Date

Name of Family Physician: _____ Phone: _____

I understand that the school does not assume responsibility for the payment of a physician.

If your family physician cannot be reached, the school may choose a physician. Yes No

Be informed that in case of an emergency, 911 will be called.

IMMUNIZATION LAW

The Nevada School Immunization Law requires that children be up-to-date on their immunizations to attend school or child care centers. Because childhood diseases like measles can spread quickly, children need to be protected before they enter school. Most children need booster immunizations before entering Kindergarten. **An original up-to-date immunization record, issued by the Washoe County Health Department or a physician, must be on file in the school office prior to your child's first day of camp.**