



SAINT JOSEPH'S EPISCOPAL SCHOOL

3300 South Seacrest Boulevard, Boynton Beach, FL 33435-8661
561-732-2045 Office Taz Alam and Felicia Foci, Facilitators 561-732-1315 Fax

TAZ AND FELICIA'S FUN FEST APPLICATION		
CAMPER INFORMATION		
Name:	Date of Birth:	Age:
Current Address:		
City:	State:	Zip Code:
Medications:	Allergies:	
MOTHER'S INFORMATION		
Name:	Employer Name:	
Address:	Work Phone:	
City:	State:	Zip Code:
Home Phone:	Cell Phone:	E-Mail:
FATHER'S INFORMATION		
Name:	Employer Name:	
Address:	Work Phone:	
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	E-Mail:
EMERGENCY CONTACT		
Name:	Relationship:	
Address:	Phone:	
City:	State:	Zip:
PEDIATRICIAN INFORMATION		
Name:	Phone:	
Address:	Fax:	
City:	State:	Zip Code:
MEDICAL INSURANCE INFORMATION		
Member Name:	Member ID:	Group Number:
Group Name:	Employee Name:	Relationship:
Insurance Company:	Customer Service Number:	
CAMP SIGN-UP		
June 7 – June 11	_____ (\$200) (\$40.00 /day)	8:00 PM – 04:00 PM
Aug 23 – Aug 27	_____ (\$200) (\$40.00 /day)	Aftercare 4:00 – 6:00 (\$10.00 per hour per child)
TOTAL: \$	_____	
ALLERGIES OR SPECIAL MEDICAL CONCERNS		
DISMISSAL RESPONSIBILITIES		

TAZ AND FELICIA'S FUN FEST APPLICATION

Name:		Relationship:	
Address:			
City:		State:	Zip Code:
Home Phone:		Cell Phone:	Work Phone:
Make:	Model:	Color:	License Plate #:

Name:		Relationship:	
Address:			
City:		State:	Zip Code:
Home Phone:		Cell Phone:	Work Phone:
Make:	Model:	Color:	License Plate #:

Name:		Relationship:	
Address:			
City:		State:	Zip Code:
Home Phone:		Cell Phone:	Work Phone:
Make:	Model:	Color:	License Plate #:

POLICY STATEMENT

There are NO refunds for any reason, including but not limited to: Summer school, sickness, separation anxiety, vacation, injury, or non-compliance with camp rules. Individual days missed during any week cannot be made up during later weeks. In the event that the National Hurricane Center broadcasts a hurricane warning for South Florida, Saint Joseph's Episcopal School will cancel its program for the duration of the inclement weather. A 50% refund will be issued if the camp is closed for more than three days.

_____ My initials to the left indicate I have read and agree to abide by the camp refund policy.

SIGNATURES

The undersigned hereby:

01. Acknowledges that camp fees are due and payable in full prior to attendance.
02. Certifies that the camper registered on this form is in good health and with no medical condition which would prohibit vigorous participation in the registered program(s).
03. Agrees to be responsible for any loss, damage, or destruction by our camper to any property of the school or to any property for which the school is liable or chargeable.
04. Consents to the full participation of the aforementioned camper in the registered program(s), fully recognizing and accepting the inherent risks involved in such activities.
05. Releases and hold harmless, Saint Joseph's Episcopal School, its officers, employees, representatives, agents, successors and assigns from all liability for any injury or damage to person or property, howsoever caused, resulting from participation by the aforementioned camper in the program(s).
06. Permits emergency medical treatment to be authorized in the event parents or guardian cannot be reached and accepts responsibility for the payment of such bills.
07. Understands that Mr. Kyle Aubrey and/or Saint Joseph's Episcopal School may unilaterally dismiss a camper should it determine that the conduct of the camper is not in the best interest of the camp.
08. Grants permission of the use of my camper's photograph(s) in camp promotional publications.

Signature of Parent:		Date:	
Signature of Parent:		Date:	