

**SUMMER @ ST. JAMES 2017 – DAY CAMP**  
**Registration and Release Form –(1st – 6th Grade)**

5501 North Stateline Ave. Texarkana, TX 75503  
 903-793-5554 Fax: 903-793-1775 www.stjamesdayschool.org  
**ENROLL TODAY – LIMITED SPACES**

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Gender: Boy Girl Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Attended 16/17: \_\_\_\_\_

Grade Completed 16/17 \_\_\_\_\_ Applicant lives with: \_\_\_\_\_

Parent/Guardian #1	Parent/Guardian #2
Name: _____	Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Work: _____ Cell: _____	Work: _____ Cell: _____

In order to properly staff, provide supplies and resources, campers must register for each week they wish to attend. Spaces are limited and weeks are non-transferrable. Any cancellation must be done in writing fifteen (15) days prior to the first day of the registered session, otherwise full payment will be required. A 30% non-refundable deposit plus registration fee is required with this registration form to reserve a space. 2016/17 registered St. James students are eligible for a 10% discount. **Final payments for each session must be paid ten days prior to the first day of the session in order for camper to be permitted to attend.** No statements will be mailed out. If a collection statement is mailed then a \$25.00 administrative fee will be charged. **Registration deadline is Monday, May 15, 2017. Campers may still register after May 15 but there is a \$25.00 late registration fee.**

Session	THEME	Weekly Fee 7:45-5:30 \$145.00
JUNE 6-9	DOWN ON THE FARM	
JUNE 12-16	UNDER THE SEA	
JUNE 19-23	ADVENTURELAND	
JUNE 26-30	STARS AND STRIPES	
JULY 3-7	CLOSED – NO DAY CAMP	XXXXXXXXXXXX
JULY 10-14	JURASSIC WORLD	
JULY 17-21	CARNIVAL	
TOTAL	Transfer to back page # of weeks _____ X \$145.00 =	

Please check a T-Shirt Size: \_\_\_\_\_YXS \_\_\_\_\_YS \_\_\_\_\_YM \_\_\_\_\_YL \_\_\_\_\_AS \_\_\_\_\_AM \_\_\_\_\_AL \_\_\_\_\_AXL

Emergency Contact Persons if parent cannot be reached: (MUST BE AVAILABLE LOCALLY)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

If your child has any allergies or special dietary or medical needs, please describe: \_\_\_\_\_

**I give consent for my child \_\_\_\_\_ to:**

For grades 1-6, to participate in field trips and be transported by camp personnel \_\_\_Yes \_\_\_No

In the event that my child becomes ill or injured and I cannot be contacted, I authorize Summer @ St. James staff to transport my child and seek emergency medical care. Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

I give consent for pictures of my child to be used in promotional materials for St. James Day School.

Hardcopy: Yes \_\_\_\_\_ No \_\_\_\_\_ Website: Yes \_\_\_\_\_ No \_\_\_\_\_

The following people may pick my child up at day camp: \_\_\_\_\_

Is there anyone forbidden access to this child? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please provide legal documentation)

Total due from front page: \$ \_\_\_\_\_

St. James 2016/17 Student Discount (minus) \$( \_\_\_\_\_ ) 10% of weekly fees only.

Registration Fee: \$10.00 One Week  
\$20.00 Two or more Weeks (add) \$ \_\_\_\_\_

30% OF TOTAL DUE: Deposit due with form \$ \_\_\_\_\_ Non-Refundable Deposit  
(Will be applied to balance due)

Only after MONDAY – MAY 15, 2017 (add) \$ 25.00 LATE REGISTRATION FEE

I understand and agree to the terms of this registration form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Purposes:

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check/CC/Cash \_\_\_\_\_

Amount Owed: \_\_\_\_\_ Date Due: \_\_\_\_\_