



## **St. James Catholic School Summer Camp 2021**

603 West Avenue  
Gulfport, MS 39507  
228-896-6631

[www.stjamesgulfport.com](http://www.stjamesgulfport.com)

St. James Catholic School is excited to offer students a summer of fun at the St. James Summer Camp 2021. Campers will spend their time having fun in the sun on the playground, getting the wiggles out in the gym, playing games with old and new friends, and taking field trips (as allowed by COVID-19 restrictions).

### **Camp Dates 2021**

**May 31 – June 4**

**June 28 – July 2**

**June 7 – June 11**

**July 12 – July 16**

**June 14 – June 18**

**July 19 – July 23**

**June 21 – June 25**

**\*\*Camp will be closed July 5 – 9\*\***

Camp will be held at St. James Catholic School and will be open to students in grades PK3 (must be potty trained) through 6<sup>th</sup>, from 7:30 – 5:30 p.m. each day. St. James will provide all snacks and lunches.

### **Camp Fees**

**Registration Fee: \$50.00 per child (nonrefundable)**

**Weekly Camp Fee:**

\$150.00 for 5 days per week

\$130.00 for 4 days per week

\$120.00 for 3 days per week

\$80.00 for 2 days per week

\$45.00 for 1 day a week

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- SJCS Summer Camp has limited spaces and will first be available to students who are registered to attend SJCS for the 2021-2022 school year.
  - Please fill out the registration form and return it to the school office with your registration fee no later than May 14<sup>th</sup>.
  - Responsible parties are to make payments weekly or monthly. Weekly payments are due on the first day of the week your child attends and monthly payments are due on the first day of the month your child attends. Accounts that have an outstanding balance after the 30<sup>th</sup> of the month will result in automatic termination of your child's enrollment. Cash or checks only. Checks should be made payable to St. James Catholic School.

## SJCS Summer Camp Registration

Camper's Name \_\_\_\_\_ Preferred name \_\_\_\_\_  Female  Male  
(First Name) (Middle Name) (Last Name)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Birth date \_\_\_\_\_ Grade fall of 2021 \_\_\_\_\_ School attending fall of 2021 \_\_\_\_\_

T-Shirt Size (Select one) ADULT:  Small  Medium  Large  X-Large;

YOUTH:  X-Small  Small  Medium  Large

Camper lives with:  Both Parents  Joint Custody  Mother  Father other: \_\_\_\_\_

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### Parent/Guardian 1 at Camper's permanent address:

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Employer \_\_\_\_\_ Employer Address \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

### Parent/Guardian 2 at Camper's permanent address:

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Employer \_\_\_\_\_ Employer Address \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

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### Parent/Guardian at different address (if applicable)

Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Employer \_\_\_\_\_ Employer Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ May Pick up Camper \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### Person Responsible for Payments:

Please print name: \_\_\_\_\_

Please sign name: \_\_\_\_\_ Date: \_\_\_\_\_

Please tell us, in full, about any **health**, and /or **developmental** or **behavioral** conditions, including **speech, occupational therapy**, or the like, past, present and any other pertinent information that might aid in the enhancement of your child's camp experience. Use a separate sheet as necessary.

\_\_\_\_\_

\_\_\_\_\_

Please list all **allergies**, current **medication(s)**, vitamins, inhalers, etc. Please note that if your child requires **an emergency allergy kit** (i.e. EpiPen, bee sting kit or inhaler etc.) you must supply medication labeled with the child's name and detailed instructions on our Permission to Administer Medication form to the summer camp office prior to your child's attendance. Kits are returned if unused.

\_\_\_\_\_

\_\_\_\_\_

**Permission & Liability Waiver:**

\_\_\_\_\_, has permission to fully participate in the St. James Catholic School Summer camp activities during the 2021 session. I, as a parent/legal guardian, do hereby grant the staff of said school the right to authorize emergency medical treatment for my child in the event that I, or my designated representative, cannot be reached. I agree to hold harmless St. James Catholic School and its agents from liability resulting from any and all accidents. I hereby grant permission for the staff to take whatever steps necessary to obtain emergency treatment for my child.

**These steps may include, but are not limited to the following:**

1. In a life-threatening emergency or urgent situation, staff will call 911 before making any attempt to contact the parents.
2. For a non-life-threatening emergency, we will attempt to call the parent/guardian first, and if we cannot make appropriate contact, we will call paramedics or the child's health provider.

I understand that St. James Catholic School and their staff will not be responsible for anything that may happen as a result of false information provided by parents/guardian, or as a result of the parent/guardian's failure to provide information at the time of enrollment. I understand that the staff will not administer drug or medication without specific written and signed instructions from the child's health care provider and/or the child's parent/guardian.

Enrollment for your child in the St. James Catholic School Summer Camp Program constitutes your agreement to this waiver. I understand that all emergency information on the emergency form must be completed before my child may attend camp. I have read and understand all policy and procedural information, including discipline, health, and payment policies.

Signature Parent/Guardian	Date Printed Name	Parent/Guardian
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**PUBLICITY RELEASE FORM** (Optional) I authorize St. James Catholic School to use photograph or other images of my child for public relations purposes connected to this summer camp program and future programs associated with St. James Catholic School. I understand that my child's name will not be published with an image.

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

St. James Catholic School does not discriminate on the basis of gender, race, color, creed, family, structure, national or ethnic origin sexual orientation, age, citizenship, military status, and genetic information in admissions, programs, employment, financial assistance, activities, use of facilities or privileges.

**EMERGENCY CONTACTS AUTHORIZED TO PICK UP MY CHILD (Other than Parents)**

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 3: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 4: \_\_\_\_\_ Phone: \_\_\_\_\_

**MAY NOT PICK UP CHILD:** \_\_\_\_\_

\_\_\_\_\_

**Check the days and weeks your child will attend (check all that apply)**

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1: May 31 <sup>st</sup> – June 4 <sup>th</sup>					
Week 2: June 7 <sup>th</sup> – June 11 <sup>th</sup>					
Week 3: June 14 <sup>th</sup> – June 18 <sup>th</sup>					
Week 4: June 21 <sup>st</sup> – June 25 <sup>th</sup>					
Week 5: June 28 <sup>th</sup> – July 2 <sup>nd</sup>					
CAMP CLOSED the week of July 5 <sup>th</sup> – 9 <sup>th</sup>					
Week 6: July 12 <sup>th</sup> – July 16 <sup>th</sup>					
Week 7: July 19 <sup>th</sup> – July 23 <sup>rd</sup>					

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**Office Use Only:**

Date of Acceptance \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

Registration Fee (\$50 each): \_\_\_\_\_ Paid in full \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_

Office personnel initial \_\_\_\_\_ Date \_\_\_\_\_