

2018 CAMP LION REGISTRATION FORM

Please fill out a separate form for each child. Both pages must be filed out completely for your child to participate in SCES Camp Lion.



Child's Name: _____

Grade Entering: _____ Age: _____ DOB: _____ Boy/Girl _____

Address: _____ City: _____ Zip: _____

Email: _____

Mother: _____ Cell Number: _____ Work Number: _____

Father: _____ Cell Number: _____ Work Number: _____

Siblings Attending Camp: _____

T-Shirt Size (circle one) YXS YS YM YL AS AM AL AXL
 (only if registered by 5/19) (2-4) (6-8) (10-12) (12-14)

(Mark an X for each week that you would like to reserve a place for your child.)

OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW			
Payment Type	Amount	Date	Staff
Registration Fee (non-refundable)	X	\$40	
1 June 4-8 Aloha Summer	_____	\$90	
2 June 11-15 Wags & Whiskers	_____	\$90	
3 June 18-22 Sports Extravaganza	_____	\$90	
4 June 25-29 Once Upon A Time	_____	\$90	
5 July 2-6 (closed 7/4) Pop, Crackle, Fizz	_____	\$90	
6 July 9-13 Caped Crusaders	_____	\$90	
7 July 16-20 Carnival Craze	_____	\$90	
8 July 23-27 Mystery Mayhem	_____	\$90	
9 July 30-Aug 3 Peace Out	_____	\$90	

To register your child for Camp Lion please return this form along with non-refundable \$40 Registration Fee and 1st Week's Tuition. All forms must be filled out completely to be registered for Camp Lion. Faxed or emailed forms are not accepted. Please note that tuition is due on Mondays for each session enrolled. Discounts: Active Military Discount \$80 per child; Multiple Child Discount \$90 first sibling, \$80 any additional siblings. Drop-Ins available as space permits for \$25 per day. Lunches are provided as determined by LISD Summer Feeding Program schedule and availability. Students must bring a sack lunch to sessions that this service is unavailable. Breakfast and afternoon snacks are provided all sessions. T-Shirts are only available to campers that are enrolled by May 18th.

By signing this form, I understand I am financially responsible for each session that I have indicated above, as well as, sessions that I may add in writing at a later date, and I must give a written two-week notice to be released from this financial responsibility.

Parent's Signature _____ Date _____ Staff Initials _____

**To register return this form, non-refundable \$40 Registration Fee and 1st Week's Tuition to:
 St. Cyprian's Camp Lion ▪ 1115 South John Redditt Dr. ▪ Lufkin, TX 75904**

2018 CAMP LION REGISTRATION FORM (continued)

Please fill out a separate form for each child. Both pages must be filed out completely for your child to participate in SCES Camp Lion.

Child's Name: _____ Date of Birth: _____

Emergency Contact: _____ Relation: _____ Contact #: _____

Emergency Contact: _____ Relation: _____ Contact #: _____

The following people are allowed to pick up my child. Children will only be released to people designated by the parent/guardian after verification of ID.

Name/Contact # _____ Name/Contact # _____

Name/Contact # _____ Name/Contact # _____

My child may be released to the care of a sibling under 18 years old. Sibling's Name: _____

Name of Physician: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Are there any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, disabilities and any other information which caregiver's should be aware of? NO YES If yes, please explain:

ACKNOWLEDGEMENTS/CONSENT: Please initial each line below to show acknowledgement and/or consent.

_____ I have read and agree to abide by the Policies and Procedures that SCES Camp Lion has set forth, including the Discipline and Guidance Policies.

_____ I give consent for SCES Camp Lion to secure any and all necessary emergency medical care for my child. In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to: (Check one)

- CHI St. Luke's Health · 1201 W. Frank Ave. Lufkin, TX 75904 · 936-634-8111
- Woodland Heights Medical Center · 505 S. John Redditt Dr. Lufkin, TX 75904 · 936-634-8311

_____ My child has been examined within the year by a health care professional and is able to participate in Camp Lion.

_____ My child is current on all required immunizations and TB Test. I have provided one of the following. (Check one)

- I have provided SCES Camp Lion with a copy of my child's most current immunization record.
- I have provided SCES Camp Lion an official notarized exemption affidavit form issued by the DSHS.
- My child is school age and all Immunization, Vision, and Hearing Screening, records are on file at the school.
School: _____ Phone #: _____

_____ I give consent for my child to appear in video, advertisements, social media and printed materials for St. Cyprian's Episcopal School free of charge. By initially this you release your child's picture and name for television, news articles, SCES website, social media sites, and advertising photos.

_____ I understand that breakfast and afternoon snacks are available all sessions. Lunches are available as determined by LISD Summer Feeding Program schedule and availability. Students must bring a sack lunch to sessions that this service is unavailable.

_____ I give my consent for my child to participate in age-appropriate water activities. (Ex: water table play, sprinklers, splashing/wading pools, and inflatable water slides)

_____ I understand that SCES Camp Lion does not take field trips and only provides transportation in the event that emergency care is required.

Please sign and date below if you have read, understand and completely filled out this document.

Signature - Parent or Legal Guardian: _____ Date: _____