



Easter Camp

Basic Information

Dates: Easter Camp: April 17th to 21st

Monday – Thursday 8:00 am – 6:00 pm

Friday 8:00 am – 5:00 pm

- Breakfast will be provided (Cereal + Milk)
- Lunch will not be provided for the children

Price \$400.00

March 10th Parents Orientation at 6:15 pm

February 20th - March 10th \$110.00 Early Bird Registration
(\$100.00 Deposit + \$10.00 Registration Fee (Nonrefundable))

March 11th – 31st Payment of \$125.00 is Due
(\$100.00 Deposit + \$25.00 Registration Fee Nonrefundable)

Final Payment April 10th

Activities:
Sports, Arts & Crafts
Musical Theater
Easter Homework Packages
Field Trips



Ascension School Camps Registration Form

Winter Camp ☐

Easter Camp ☐

Summer Camp ☐

Child's Last Name

Child's First Name

Child's Date of Birth

Home Phone

Home Street Address

City

State

Zip Code

Mother's Name

Mother's Email

Mother's Business Phone

Mother's Cell Phone

Father's Name

Father's Email

Father's Business Phone

Father's Cell Phone

In Case of Emergency and Parents are Not Available, Contact:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

****Person(s) authorized to pick up child from Winter Camp other than the previously named parents/guardians and their relationship to family:**

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Information			
Is your child under medical care or taking any medication(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please check all of the following conditions that your child has and indicate if medication needs to be dispensed at school?			
<input type="checkbox"/> Bee Sting Allergy	Epi-pen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Allergies
<input type="checkbox"/> Asthma	Inhaler	<input type="checkbox"/> Yes <input type="checkbox"/> No	Special Needs: _____
<input type="checkbox"/> Vision/Hearing	Glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<input type="checkbox"/> Other			_____
Additional concerns counselors should be aware of: _____ _____ _____			
Family Health Care Information			
Physician's Name: _____			Phone: _____
Address: _____			Medical Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance Name: _____		Health Insurance Number: _____	
Please provide copy of the insurance card			
In case of an emergency, I give permission to the appropriate personnel to properly transport my child to a medical facility for care. Parent Signature _____ Date _____			
I give permission for camp staff to administer sunblock lotion to my child during camp. Parent Signature _____ Date _____			
Parental Authorization For Child's Participation In Ascension Camp Walks			
I, _____, allow my child, _____, to participate in Ascension Camp walks to parks and nearby places. I understand that the camp authorities will take reasonable precautions against accidents. Personal injury and loss of, damage to, property while going to, from, at the site of the trip, but they or the Archdiocese of New York are not assuming any legal liability for any such occurrence except any liability based on their failure to take such reasonable precautions. Parent Signature _____ Date _____			
Ascension School Camps 2016 -2017			
<u>Photo/Video Release Form</u>			
TO WHOM IT MAY CONCERN:			
I hereby give permission for my son/daughter to be photographed or videotaped at Ascension Camp. I realize that the photo may be published in the newspaper, a magazine, or other publication. The video may be used for educational or informational purposes regarding the programs or curriculum at Ascension School.			
Student Name _____ Grade _____			
Parent Signature _____ Date _____			
T-Shirt Size: _____			

Release of Liability Changing-Cleaning

During the course of the Ascension Camp the children in the Pre-K 3 and Pre-K 4 groups may have potty accidents. These potty accidents will require the Head Counselor to change and clean your child after their accidents. This form gives the Head Counselors of Ascension Camp permission to change your child.

I have read the above release form: (Please check your choice and write name).

1. ____I grant permission to the Head Counselors or Camp Director to change and clean my child, _____. If a potty accident does occur during Ascension Camp.

2. ____I do not grant permission for the Head Counselors or Camp Director to change and clean my child, _____. If a potty accident does occur during Ascension Camp. I will be available by phone, **If I am unavailable**, I will have someone listed on my child's registration form available to come to the classroom to change and clean my child during the remainder of class hours throughout the duration of Ascension Camp.

I have read and understand the above release form, and I have marked my form according to my choice of changing and cleaning options.

Parent Signature _____ Date: _____

Late Camper Policy

Campers must be picked up no later than 6:00pm. The rule is strictly enforced. Our policy for late pick up is as follows:

- The first time you are late, you will be issued a verbal warning.
- After the late warning you will be charged \$1.00 per minute past 6:00 pm.
- The late fee must be paid in full before your child may return to the program.
- You must call the camp to inform them you are going to be late.
- If you are charged a fee twice during the week, you will be contacted by Ms. Maria, to set up a meeting to see if the situation can be resolved.

I, _____ give permission to my child _____ to attend Ascension Camp Week selected above and participate in all on and off site activities during camp. I understand there is a late fee if I do not pick up my child on time. I also understand that the camp fee is non-refundable unless the camp is cancelled by Ascension School. Additionally, I am aware that all trips are subject to change. I agree to provide my child with a healthy snack and appropriate clothing in order to fully participate in the camp.

Parent Signature _____ Date _____