



SUMMER CAMP REGISTRATION

St. Vincent DePaul Catholic School
4321 Espy Ave., Long Beach, MS 39560 Phone: 228-222-6000 www.svdpcatholicsschool.org

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

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Birth date _____ Grade fall of 2026 _____ School attending fall of 2026 _____

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

YOUTH: X-Small Small Medium Large

Additional T-shirts may be ordered _____ (size) (Attach \$10 payment for each additional shirt)

Camper lives with: Both Parents Joint Custody Mother Father Other: _____

ALL PREK CAMPERS MUST BE POTTY TRAINED

Parent/Guardian 1 at Camper's permanent address:

Name _____ Relationship to Camper _____

Employer _____ Employer's Address _____

Phone numbers: Home _____ Work: _____ Cell _____

E-Mail _____

Parent/Guardian 2 at Camper's permanent address:

Name _____ Relationship to Camper _____

Employer _____ Employer's Address _____

Phone numbers: Home _____ Work: _____ Cell _____

E-Mail _____

Parent/Guardian at different address (if applicable)

Name _____ Relationship to Camper _____

Employer _____ Employer's 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. We strive to care for children with various needs, but we need your full input to succeed.

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 St. Vincent DePaul Summer camp activities during the 2025 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. Vincent DePaul 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. Vincent DePaul 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 St. Vincent DePaul 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 _____

PUBLICITY RELEASE FORM (Optional) I authorize St. Vincent de Paul 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. Vincent de Paul School. I understand that my child's name will not be published with an image.

Signature Parent/Guardian _____

Date _____

St. Vincent DePaul 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: _____

Office Use Only:

Date of Acceptance _____ Date of Withdrawal _____

Registration Fee (\$100 each): _____ Paid in full _____ Cash _____ Check _____ Check Number _____

Extra T-Shirts (\$10 each): _____ Quantity _____ Paid in full _____ Cash _____ Check _____ Check Number _____

Office personnel initial _____ Date _____