

# **St. Albert's**

## **Summer Camp 2024**

St. Albert's Summer Camp families,

We're reaching out to let you know that this summer will be different from previous years due to the planned remodeling of all our school bathrooms. However, as of now, we have limited information regarding construction dates and timelines, which means our summer camp schedule is subject to change as we receive more details.

We are working closely with administration to keep you informed every step of the way. We will promptly update you on any weeks that the camp may be closed and provide scheduling updates as soon as they become available.

We'd like to extend our sincerest apologies for the delay in releasing the summer camp registration. We truly appreciate your patience and understanding during this time.

Thank you,

Thomas and Kelsy Leeming

Summer Camp Directors

Even through the construction we will do our best to provide a fun and exciting summer program. This will include educational programs that relate to our weekly themes, BBQ's, our annual talent show, and an overnight camp! The summer camp will run for 9 weeks from June 10th to August 9th, Monday to Friday, from 7:00 AM – 6:00 PM. We can't wait to see all our returning families and welcome new faces to our summer camp community. If you have any questions, please don't hesitate to email us at [summercamp@stalbertreno.org](mailto:summercamp@stalbertreno.org).

-Summer Camp Staff

- Registration Fee Before May 22<sup>nd</sup>: \$100
- Registration Fee After May 22<sup>nd</sup>: \$150
- Daily Fee for Camp: \$70
- Weekly Fee for Camp: \$200
- Late Fee: \$1 per minute after 6:00 PM

## St. Albert the Great Summer Camp Registration Form

\*Please fill out one registration form per child\*

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade Going Into \_\_\_ Age: \_\_\_\_\_ Sex: M / F Today's Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Mother's Address if Different: \_\_\_\_\_

Mother's Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Address if Different: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Father's Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

\*In case of an emergency, if a parent/ guardian cannot be reached, whom should we contact? \*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Person's authorized to pick your child up from Camp other than parents:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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

**MEDICAL INFORMATION:**

Such as severe allergic reactions to bee stings, penicillin, etc. Problems with vision, hearing, heart, asthma, diabetes, epilepsy, etc. Please explain and indicate if child is on any medication.

Is child on any medication? Yes  No  If yes, name of medication:

Hospital Preferred:

**Emergency Contacts**

Name and Relationship:	Phone
Name and Relationship:	Phone
Name and Relationship:	Phone
Name and Relationship:	Phone
Name and Relationship:	Phone:

**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR**

In the event of serious emergency, and none of the parents or named emergency contacts can be reached, I authorize school officials to call my family doctor or, if the situation demands, to transfer my child to the nearest hospital for the necessary emergency care. I consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a certified hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital.

For Summer Camp 2024 \_\_\_\_\_ / \_\_\_\_\_  
Signature of Parent or Guardian Date

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that the school does not assume responsibility for the payment of a physician.

If your family physician cannot be reached, the school may choose a physician. Yes  No

Be informed that in case of an emergency, 911 will be called.

**IMMUNIZATION LAW**

The Nevada School Immunization Law requires that children be up-to-date on their immunizations to attend school or child care centers. Because childhood diseases like measles can spread quickly, children need to be protected before they enter school. Most children need booster immunizations before entering Kindergarten. **An original up-to-date immunization record, issued by the Washoe County Health Department or a physician, must be on file in the school office prior to your child's first day of camp.**