



2023 Summer Patch Registration Form

Camp KINDNESS

\$36/day (Choose 2-5 Full days/week)

Child's Information:

Child's Name _____ Gender: M F **(circle)**
(Last) (First) (Middle) (Nickname)

Address _____
(Street Address) (City, State) (Home Phone)

Date of Birth _____ Child's Religion _____

Ethnicity: ___ Not Hispanic or Latino ___ Hispanic or Latino ___ White ___ Asian

Race: ___ American Indian/Alaskan Native ___ Native Hawaiian/Pacific Islander ___ Black or African American

A t-shirt is included in your child's registration fee. Please indicate their shirt size: YS YM YL YXL Adult S Adult M AdultL

Grade level for 2023-2024 school year: PRE-K K 1st 2nd 3rd 4th

Does your child have any special needs in any of the following areas?

Medical (allergies): _____

Emotional: _____

Physical: _____

Please indicate the type of care/days you need. **We are open from 7:30 am - 6:00 pm (no weekends).**

Monday (hours) _____ **Tuesday (hours)** _____ **Wednesday (hours)** _____
Thursday (hours) _____ **Friday (hours)** _____

Family Information:

Mother

Name _____

Cell Phone: _____

Email Address: _____

Occupation _____

Employer _____

Business Phone _____

Religion _____

Father

Name _____

Cell Phone: _____

Email Address: _____

Occupation _____

Employer _____

Business Phone _____

Religion _____

Child lives with: Mother/Father Stepparents Guardians Other _____

Parent's Marital Status: Married Divorced Separated Widowed Single Parent

Legal Restrictions: ___ Yes ___ No If YES, please note below **and** attach court order:

CONTINUE ON THE BACKSIDE

Contacts:**Emergency Contact****OK to Pick Up**

1. _____ Phone: _____ Relationship: _____

☐☐

2. _____ Phone: _____ Relationship: _____

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3. _____ Phone: _____ Relationship: _____

☐☐**PERMISSION AUTHORIZATION**

I give my permission for my child to use all play equipment and participate in all the activities at the school & at outings.

Parent/guardian Signature: _____ **Date:** _____

I give my permission for staff members to apply sunscreen to my child in the summer program.

Parent/guardian Signature: _____ **Date:** _____

I give my permission for my child to leave the school premises under the supervision of staff members for neighborhood walks, field trips/park trips, etc.

Parent/guardian Signature: _____ **Date:** _____

I give my permission for my child to be included in videos and pictures connected with the Patch program.

Parent/guardian Signature: _____ **Date:** _____

I give my permission for use of photographs, slides or television filming involving my child. These could appear in Roncalli/SonShine Patch publications, websites or presentations.

Parent/guardian Signature: _____ **Date:** _____

I give permission for my child to participate in watching G or PG rated children's videos when the weather is not cooperative for outdoor play or during "quiet time" or if chosen for a "reward."

Parent/guardian Signature: _____ **Date:** _____

We will be using a Bus Service for transportation to and from each field trip that is not within walking distance of Roncalli Primary School. Those buses do not always have seat belts installed, depending on which company. Please sign below if you give permission to take the children on field trips WITHOUT seat belts. You will be notified prior to field trips/outings of location and time lengths.

Parent/guardian Signature: _____ **Date:** _____

I hereby grant permission for the Director/Teacher to take whatever steps may be necessary to obtain medical care if warranted. These steps may include, but may not be limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact you through any of the persons listed on the emergency information form you completed for us.
3. If we cannot contact you we will do any or all of the following: (a.) Call an ambulance, (b.) Have the child taken to an emergency hospital in the company of a staff member.
4. Any expenses incurred under line #3, will be the responsibility of the child's family.
5. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Parent/guardian Signature: _____ **Date:** _____

I understand that the days I have signed my child(ren) up for the Sonshine Patch Summer School Program as indicated on the registration form, is the amount of days I am financially responsible for. I understand that if my child(ren) does not attend the full amount of days he or she is scheduled, I am still financially responsible.

Parent/guardian Signature: _____ **Date:** _____

____ Please initial line indicating you have enclosed /attached your **\$25 non-refundable registration fee** (t-shirt included) for our summer program. **Please make check payable to Roncalli.**

Thank you for enrolling your child. Please contact me with any questions. God Bless.

Shelby Braun, OST Director

shelby.braun@aberdeennroncalli.org

Phone: 605-225-3460

"The Aberdeen Catholic School System is an equal opportunity provider and employer."