

Camper Name: _____

STCS STEM Summer Camp Registration Form

Grade: _____

2025 STEM CAMP REGISTRATION FORM

This year we are offering STEM camp the week of June 9th-12th . Camp this year is from 9AM-3PM, Monday-Thursday. STEM Camp teachers will supervise during lunch break from 11:45-12:15 each day. (Students bring their own sack lunch each day, snacks will be provided). One week of camp is \$250. This includes all materials used during camps.

Please fill out separate forms for each student that will be attending.

Return completed registration form and payment to classroom teacher or school office no later than May 23rd.

Child

First _____ Last _____ Gender: Male __ Female__

School Name _____ Grade _____ Birth date ____/____/____

Street Address _____

Town/City _____ State _____ Zip code _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State ____ Zip Code _____ Work Phone _____

Cell phone _____ E-mail _____

Occupation _____ Employer _____

Child lives with: _____ Person responsible for payment _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____

Street Address _____

Town/City _____ State ____ Zip code _____ Daytime phone _____

Cell phone _____ E-mail _____

Occupation _____ Employer _____

CONTINUE REGISTRATION ON NEXT PAGE...

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Please list those people including parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

Medical Problem

Required treatment

Should paramedic be called?

_____ Yes/No

_____ Yes/No

_____ Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

CONTINUE REGISTRATION ON NEXT PAGE...

In case of medical emergency contact:

| | Name | Phone # | Relationship to Child |
|------------|------|---------|-----------------------|
| Contact #1 | | | |
| Contact #2 | | | |
| Contact #3 | | | |

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent’s/Guardian’s Initials _____

I understand that the St. Theresa Catholic School will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent’s/Guardian’s Initials _____

Camp Fee - \$250 per week per student, Please make checks out to St. Theresa Catholic School

Photo Release

I hereby give permission for my child to be photographed during the **STCS STEM Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during powerpoint presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspapers and on the internet. I understand that although my child’s photograph may be used for advertising, his or her identity will **not** be disclosed, I do not expect compensation and I understand that all photos are the property of St. Theresa Catholic School.

Terms of Agreement,

Parent’s/Guardian’s Initials _____

St. Theresa Catholic School and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____

Date: _____

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