

# Trinity Knights' Summer Day Camp

## **We are excited to bring back Trinity Knights' Summer Day Camp 2018!!**

Summer is a time for kids to enjoy the great outdoors and fellowship with friends to make memories that will last forever. What better place to do that than here at Trinity Knights' Summer Day Camp. We are always looking for new and better ways to serve you as a family and your child(ren) individually. At Trinity Knights' Summer Day Camp, we pride ourselves in sharing our Faith-based traditions with children and their families. We believe we can help make a difference as a Christian community. We strive to nurture the talents and interests of each child at every developmental level. Whether your child(ren) are here for one week or for the entire summer, we look forward to encouraging them to have fun, be healthy, and grow in knowledge, skills, Christian Faith, service, and love.

The camp offers a unique blend of Faith, fun, and being active in a safe, Faith-based environment. We will offer a traditional summer day camp program that will be based on our Catholic roots.

The program is designed to let the kids participate in small groups of 10 – 15, with a counselor-to-camper ratio of no more than 1-10. A few program examples are:

- ☐ Group Games
- ☐ Low ropes/Team building
- ☐ Arts & Crafts
- ☐ Field Games
- ☐ Water Games
- ☐ Nature Activities
- ☐ Creative Arts
- ☐ Field Trips (7 and older)
- ☐ And More!

We will take the campers (ages 7 and up) on a field trip each week. These trips will include places like; the Tallahassee Museum, FSU Reservation, Wakulla Springs, Skate World, Mission San Louis, Crenshaw Lanes.

Our program will be a blend of Faith, activity, character building, and education.

## **WHAT DOES A TYPICAL DAY AT CAMP LOOK LIKE?**

7:30 Drop Off  
8:00 Rise and Shine  
8:30 Period 1  
9:15 Snack  
9:30 Period 2  
10:15 Period 3  
11:00 All Camp Activity  
11:45 Lunch  
12:15 Siesta

12:45 Period 4  
1:30 Period 5  
2:15 Snack  
2:30 All Camp Activity  
3:15 Period 6  
4:00 Campers Choice  
4:30 Small groups for pick up  
5:30 Begin late pick-up  
6:00 Close





## Trinity Knights' Summer Camp REGISTRATION FORM

*How to register:* Please check the boxes for each week that your child will be attending camp. Attach a **non-refundable deposit of \$25 per week** to this form along with the **\$25 registration fee per family**. All camps must be paid in full on the due dates listed below.

Child's Name \_\_\_\_\_ Name child goes by: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent Email \_\_\_\_\_ Child's T-shirt size \_\_\_\_\_

Session	Dates:	Balance Due Date:	Amount:	Late Pick-up 5:30-6:00	Attending (Please ✓):
Pre-Session	June 6-8 (Wed.-Fri.)	Wednesday, May 30	Ages 4-6: \$90 Ages 7+: \$95	\$25 <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
1	June 11-15	Wednesday, June 6	Ages 4-6: \$150 Ages 7+: \$155	\$25 <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	June 18-22	Wednesday, June 13	Ages 4-6: \$150 Ages 7+: \$155	\$25 <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	June 25-29	Wednesday, June 20	Ages 4-6: \$150 Ages 7+: \$155	\$25 <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	July 2-6 (July 4 <sup>th</sup> Holiday)	Wednesday, June 27	Ages 4-6: \$120 Ages 7+: \$125	\$25 <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	July 9-13	Tuesday, July 3	Ages 4-6: \$150 Ages 7+: \$155	\$25 <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	July 16-20	Wednesday, July 11	Ages 4-6: \$150 Ages 7+: \$155	\$25 <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	July 23-27	Wednesday, July 18	Ages 4-6: \$150 Ages 7+: \$155	\$25 <input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Counselor in Training Dates:</b>					
1	June 11-22	Wednesday, June 6	\$310		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	June 25- July 6	Wednesday, June 20	\$310		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	July 9-20	Tuesday, July 3	\$310		<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ Registration Fee  
(\$25 per family)

☐ Sibling Discount  
(\$10 per session)

☐ Late Pick Up Fee  
(\$25 per family, per week)

TOTAL DUE = \$ \_\_\_\_\_ AMOUNT PAID = \$ \_\_\_\_\_

Form of Payment: ☐ Cash ☐ Check No. \_\_\_\_\_

Staff Initials \_\_\_\_\_

# Trinity Knights' Summer Day Camp 2018

## GENERAL RELEASE FORM

I, the undersigned, as a parent or legal guardian of \_\_\_\_\_, who has been accepted for admission to Trinity Knights' Summer Day Camp (TCS Summer Day Camp), hereby state my preferences by execution of this form which relates to general policies of the TCS Summer Day Camp and specific permissions for medical treatment, video taping and photographing, and participation in routine camp activities on camp premises and field trips. I further understand and agree to comply with the registration, payment structure, and disciplinary policies and procedures of the TCS Summer Day Camp and understand that enrollment and attendance of my child at TCS Summer Day Camp may be terminated at any time when it appears, with the full discretion of the Camp Director or the Principal of Trinity Catholic School, that such termination will be in the best interest of said child OR of the other children attending the TCS Summer Day Camp.

### GENERAL PERMISSION FOR PHOTOGRAPHING

Please check below as to whether your child has permission to be video taped or photographed.

<input type="checkbox"/> Yes <input type="checkbox"/> No	My child may be photographed and video taped during regular camp activities. These tapes and photographs may be used by TCS Summer Day Camp or Trinity Catholic School, for advertising or publicity purposes. The School may provide copies of this form to media and others as needed.
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### GENERAL NOTIFICATION FOR STUDENT PICK-UP

I understand that, if there are persons known to me who might attempt to contact or remove my child from school but have NO LEGAL RIGHT to do so, it is my responsibility to identify them to the TCS Summer Day Camp by a separate writing.

#### Transportation Release:

Please list persons authorized to pick up your child from the TCS Summer Day Camp on the Pick-Up Authorization Form. ***We cannot allow anyone to pick up your child unless listed on the Authorization Form or we have a note from a parent or guardian.***

### MEDICAL RELEASE

I understand that I need to complete the separate Medical Form. My child has permission to engage in all prescribed camp activities except as noted in writing.

If a medical situation arises concerning my child and the TCS Summer Day Camp deems it necessary or prudent to seek professional medical assistance, and I am unable to be reached I hereby give permission to the TCS Summer Day Camp to provide emergency care to my child.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Trinity Catholic School**  
**2018 Trinity Knights' Summer Day Camp**

**Medical Form**

Child's Name \_\_\_\_\_ Name called \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Child's Address \_\_\_\_\_ City \_\_\_\_\_ St/Zip \_\_\_\_\_  
Child Lives With \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
*(Fall 2018-2019)*

Mother's Name _____	Father's Name _____
Mother's Home Phone _____	Father's Home Phone _____
Mother's Daytime Phone _____	Father's Daytime Phone _____
Mother's Cell Phone _____	Father's Cell Phone _____
Mother's E-mail _____	Father's E-mail _____

***If Parent/Guardian is not available for an emergency, please notify:***

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Health History**

Physician \_\_\_\_\_ Dentist \_\_\_\_\_  
Physician Office Phone \_\_\_\_\_ Dentist Office Phone \_\_\_\_\_

Allergies: \_\_\_\_\_

Surgery or serious injuries (date/type): \_\_\_\_\_

Other diseases/conditions: \_\_\_\_\_

Any restricted activities: \_\_\_\_\_

Medications taken on a daily basis/reason: \_\_\_\_\_

Vaccinated: *Please attach FORM DH680 as proof of current vaccinations.*

Child Name: \_\_\_\_\_

**Insurance**

Do you carry family medical/hospital insurance?    Yes \_\_\_\_\_    No \_\_\_\_\_

If “Yes”, Insurance Carrier \_\_\_\_\_ Group/Policy Number \_\_\_\_\_

*Parent/Guardian Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Please use the space below to list any additional medical information for the Camp Director:*

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## Trinity Knights' Summer Day Camp 2018

### PICK-UP AUTHORIZATION FORM

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

My child is attending Trinity Knights' Summer Day Camp. I authorize the following individuals to pick-up my child from camp. Please also include all authorized parents.

Name	Relationship

*I understand that Trinity Knights' Summer Day Camp cannot allow anyone to pick up my child unless he/she is listed above. In order to add or delete an individual to this list, that request must be submitted in writing (and signed by a parent or guardian) to the Camp Director.*

Additional Comments:

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date