

# 2018 Little Adventurers Summer Camp Registration

Mater Christi School | 50 Mansfield Avenue | Burlington, VT 05401 | 802.658.3992 | www.mcschool.org

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
**camper's name**                      **date of birth (month/day/year)**                      **grade in the Fall**

\_\_\_\_\_                                      \_\_\_\_\_  
**parent/guardian information (1)**                                      **parent/guardian information (2)**

\_\_\_\_\_                                      \_\_\_\_\_  
**name**    **name**

\_\_\_\_\_                                      \_\_\_\_\_  
**address**    **address**

\_\_\_\_\_                                      \_\_\_\_\_  
**city/state/zip**    **city/state/zip**

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
**home phone**                      **cell phone**                      **home phone**                      **cell phone**

\_\_\_\_\_                                      \_\_\_\_\_  
**email address**    **email address**

\_\_\_\_\_ **Does your child have any medical issues we should know about? If yes, please explain**

please attach a current photo of your child here

**In case of an emergency, please list 3 emergency contact names and numbers:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Please check next to each session that your camper will attend. Each session is \$240.00 from 7:30 AM– 5:30 PM. Half day options available for \$135 per session.**

	<b>Date</b>	<b>Camp Theme</b>	<b>Write Half or Full Day</b>	<b>Cost</b>
___ Session 1:	June 25 - 29	PIRATE'S TREASURE	_____	_____
___ Session 2:	July 2 - July 6 *No session on July 4	SILLY OLYMPICS	_____	_____
___ Session 3:	July 9 - July 13	ANIMAL PLANET	_____	_____
___ Session 4:	July 16 - July 20	FIRST RESPONDERS	_____	_____
___ Session 5:	July 23 - July 27	LET IT GROW	_____	_____
___ Session 6:	July 30 - August 3	SUN AND FUN	_____	_____
___ Session 7:	August 6 - August 10	OUT OF THIS WORLD	_____	_____
___ Session 8:	August 13 - August 17	THE SEARCH FOR CHAMP	_____	_____

**Pick up/Release Permission:** The following people have permission to pick up my child(ren) from the camps:

1. \_\_\_\_\_                      2. \_\_\_\_\_                      3. \_\_\_\_\_  
 4. \_\_\_\_\_                      5. \_\_\_\_\_                      6. \_\_\_\_\_

As the parent/legal guardian of the minor, I hereby grant permission for the student(s) to participate in a MCS Summer Camp. I assume full responsibility for any/all injuries or damages which may occur to these student(s), in, or about the premises of Mater Christi School, or arising out of its activities, and do hereby fully and forever release and discharge MCS Summer Camp and all associated with it, including coaches, volunteers, and Mater Christi School, from any and all claims, demands, rights of action, or causes of action, present or future, whether same, be known, anticipated or unanticipated, resulting from a student's participation in the program and activities at MCS Summer Camp. I further grant permission to provide emergency first-aid and/or hospitalization to the student(s) in case of injury or illness as deemed appropriate by the staff or a physician. I assume full responsibility for all medical expenses incurred for the treatment.



**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Medical Insurance Company:** \_\_\_\_\_

**Policy#:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

\*Please note that if a student does not have individual health insurance he/she may not participate in the camp.  
 Questions: Email Pronto Parenteau (pronto@materchristischool.net)