



2022 Summer at Our Lady's School Registration For TK – 6th Grade (Age 4-12)

Camper Name First and Last	M/F	T Shirt Size	Grade Entering in Fall/ Current School	Weeks Attending
		Child: S ___ M ___ L ___ Adult: S ___ M ___ L ___		6/20 _____ 6/27 _____ 7/11 _____ 7/18 _____ 7/25 _____
		Child: S ___ M ___ L ___ Adult: S ___ M ___ L ___		6/20 _____ 6/27 _____ 7/11 _____ 7/18 _____ 7/25 _____
		Child: S ___ M ___ L ___ Adult: S ___ M ___ L ___		6/20 _____ 6/27 _____ 7/11 _____ 7/18 _____ 7/25 _____

Week 1-- 6/20-24
Week 2-- 6/27-7/1

Week 3-- 7/11-15
Week 4-- 7/18-22

Week 5-- 7/25-29

No Camp the week of 7/4

Drop Off Begins at 8am
Camp Program 9am – 3pm

Pick Up By 4pm
Daycare provided 3pm – 4pm

Parent Information

Parent/Guardian 1 (First & Last Name)		Parent/Guardian 2 (First & Last Name)	
First	Last	First	Last
Home Address City, State, Zip		Home Address City, State, Zip	
Email Address		Email Address	
Home Phone #	Work Phone #	Home Phone #	Work Phone #
Mobile Phone #		Mobile Phone #	

Emergency Contacts

Name (First & Last)	Relationship	Mobile Phone #	Email

I hereby authorize OLS and/or the agent of OLS to take whatever steps may be necessary to obtain emergency care if warranted for my child/children. This includes, but is not limited to the following:

- Attempt to contact parent/guardian/any emergency contact. If not able to contact anyone, we will do any of the following: Call paramedics, ambulance and/or have the child taken to an emergency hospital accompanied by a staff member. Any expenses incurred will be paid by the child's family.*

Signed _____ Date _____

Pick Up Authorization

Name	Relation	Phone Number
1.		
2.		

Photo ID required at pick-up. Pick-up no later than 4pm.

Camp Weekly Fee

Due in Full Before the Start of Each Week

\$170 Per Week Per Camper

One-time Camp Fee: \$25 Per Camper

The registration fee covers the cost of snacks, camper t-shirt, and travel costs to the weekly field trips.

Campers bring a sack lunch and water every day of camp. **Since most camp activities happen outdoors, all campers must wear sunscreen!**

Your payment can be made by check to: Our Lady's School. All payments must be received in full by the Our Lady's School office at 650 24th Street, San Diego, CA 92102 before the first day of camp.

Space is limited! Your \$25 Camp Fee guarantees a space for your child.

Covid-19 Precautions

Because of uncertain health conditions, we will operate the camp according to CDC and San Diego County Board of Health guidelines for Covid-19. These may include:

- A clean face mask must be worn indoors at all times by campers, camp counselors and all camp staff. The mask **MUST** cover both the nose and mouth and must be tight fitting to the face. We recommend that everyone bring a spare mask in case the first one gets wet.
- Campers, counselors and all staff will be subject to a health screening upon arrival.
- Hand washing and hand sanitizer will be used throughout the day. Common areas and bathrooms will be wiped down throughout the day with thorough cleaning every night.
- Each camp level will be its own "pod" for the week. Attendance will be taken every day in the event it is needed for Covid-19 tracking and tracing.
- When indoors, all rooms will be well-ventilated. Most activities will take place outside.

I agree with both the payment requirements and the Covid-19 precautions.

Parent/Guardian Signature: _____ **Date:** _____

Photo Release

This letter will authorize Our Lady's School, of the Catholic Diocese of San Diego, its representatives, or volunteers, to photograph my child/children for purposes of marketing and/or promoting the interests of Our Lady's School Summer Camp, Our Lady's School and/or Catholic school education, including its use in any printed materials, the school website, and any other visual display or social media.

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

I understand that such photos, if used for school related purposes, including photo contests, will not be used for any other commercial purpose whatsoever. Therefore, I hereby waive any kind and all rights I or my child may have for remuneration of any kind.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

I do not give permission to use my child/children's image.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Field Trip Permission Form

Every Tuesday, the camp will take a field trip to explore areas around San Diego. Public transportation (city bus and/or trolley) or walking on foot will be used to arrive at the destination.

Here is the list of field trips—

Tuesday, June 21-- San Diego Art Museum and Japanese Friendship Garden, Balboa Park. (public transportation)

Tuesday, June 28-- SD Fire and Rescue, Station 11. (on foot)

Tuesday, July 12-- Air and Space Museum, Balboa Park. (public transportation)

Tuesday, July 19-- San Diego Zoo, Balboa Park. (public transportation)

Tuesday, July 26-- Golden Hill Park. (on foot)

Depending on the destination, campers will depart from Our Lady's School by 9am and arrive back at Our Lady's School no later than 3pm. Campers must bring a brown bag lunch with them and will be supervised by all camp counselors, junior counselors and OLS security.

As a parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by your camper while on the field trip.

We hereby release and hold harmless Our Lady's School, Our Lady's School Summer Camp and any and all of its employees from any and all liability for any and all harm arising to my child as a result of this trip.

I request that my child, _____, a camper at Our Lady's School Summer Camp be allowed to participate in the field trip(s) described above. I understand that this event will take place away from the school grounds and that my child will be under the supervision of the designated camp counselors on the stated dates. I further consent to the conditions stated above for this event, including the method of transportation.

Parent Signature

Date

EMERGENCY MEDICAL TREATMENT DURING CAMP

In the event of an emergency, I hereby give my permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above number, contact:

Name and Relationship:

Phone: _____

Name of Family Doctor: _____ Phone: _____

I also authorize the designated supervisor to administer first aid with the understanding that Our Lady's School has documentation that the designated supervisor has basic first aid training.

Parent Signature

Date

Address

Emergency Phone #