



Summer Camp Registration

	COST (full days – 7:30 am - 5:30 pm)	
	2 - 4 Year Old's	K - 8th Grade
<i>Daily Rate</i>	\$40	\$38
Weekly Rate	\$192	\$182
Half Day Rate	\$27	\$25
Sibling Discount	10%	10%

- **Safe & nurturing Christian environment**
- ***Engaging & fun learning projects for all ages***
- **Arts & crafts, structured and free play time, and MUCH MORE!!!**

Child's Name _____ **Age** _____

Please Complete the Attached Form for Dates Your Child Will Be Attending

Parent/Guardian Signature _____ **Date** _____

Please Note: Extended Care is open to the public with prior registration.

No Drop Ins!



ASES Summer Day Camp Registration Form

STUDENT INFORMATION:

Last Name First Name Middle Name Preferred Name/Nickname

Birth Date Age Social Security Number Gender

GRADE LEVEL:

2's 3's Pre-K Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

PARENT/GUARDIAN INFORMATION:

Parents Married Parents Divorced Parents Separated Father Deceased Mother Deceased

If divorced/separated, to whom shall we send general correspondence? ____ Mother ____ Father ____ Both

If divorced/separated, are there custody arrangements of which we should be aware?

Father/Guardian

Mr. Dr. Rev. _____

Preferred Name _____

Social Security Number _____

Street Address _____

City, State, Zip _____

Email Address _____

Employer _____

Occupation/Title _____

Home Phone _____

Cell Phone _____

Business Phone _____

Mother/Guardian

Mrs. Ms. Dr. Rev. _____

Preferred Name _____

Social Security Number _____

Street Address _____

City, State, Zip _____

Email Address _____

Employer _____

Occupation/Title _____

Home Phone _____

Cell Phone _____

Business Phone _____

EMERGENCY CONTACT & MEDICAL INFORMATION

Person, other than parent, authorized to act for parent in an emergency:			
Name		Relationship	Address
Landline Phone	Cell Phone	Employer	Business Phone

Name of Physician _____ Phone Number _____

Name of Dentist _____ Phone Number _____

Does Your Child Need to Take Medication at School? Yes No

If yes, what medication(s)? _____

Is Your Child Allergic to Anything? Yes No

If "Yes," Please List Allergies: _____

Currently enrolled students and their siblings receive priority for enrollment. Applications are accepted in the order received. *Applications will not be accepted without* a \$50.00, nonrefundable deposit that will be applied to your first Summer Camp payment. Monies will be refunded only if space is not available or acceptance is denied.

For questions, please call the ASES admissions office at 423-586-3280



Medical Authorization for Treatment of a Minor

I hereby authorize medical care for my child, _____,
and give my permission for a duly authorized representative of All Saints' Episcopal
School to act in *loco parentis* concerning the welfare of my child. I agree to pay all
costs involved in said treatment.

This authorization will remain in effect until my child is no longer enrolled at All Saints'
Episcopal School or until I send a written notice stating otherwise.

Insurance Company: _____

Policy/Group #: _____

Parent/Guardian Signature: _____ Date: _____

****Note**** You may have this form notarized if you would like to take that further step;
however, it is **not** required. If you would like it notarized, please do not sign until in the
presence of a notary. Space is open at the bottom of this form if needed.



TRANSPORTATION RELEASE

To ensure the safety of your child, please list other adults to whom your child may be released or who are authorized to provide transportation for your child.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

*****If you wish for your child/children to be picked up from school or Extended Care by anyone other than those listed above, the school must be notified by note or email. Such person(s) must come into the school office, produce proper identification, and be identified by the child unless personally known by the releasing staff member. This rule also applies to a student going home with another student. For safety reasons, we MUST enforce this policy. Please do not ask staff to do differently.***

PUBLICITY RELEASE

Unless a letter to the contrary is received, enrollment in All Saints' Episcopal School gives the school administration permission to use your son's/daughter's picture in official school marketing material including official school social media accounts. (NOTE: Google Classroom is not publicly accessible and is available only by strict invitation.)

I have read and understand the Transportation and Publicity Release Policies. Please sign below:

Parent Name (Please Print)

Student's Name (Please Print)

Parent Signature

Date Signed

Summer Camp Weeks Requested

(Please circle all dates requested)

Time In

Time Out

Week of May 29 th	X	X	X	Th	F	_____
Week of June 5 th	M	T	W	Th	F	_____
Week of June 12 th	M	T	W	Th	F	_____
Week of June 19 th	M	T	W	Th	F	_____
Week of June 26 th	M	T	W	Th	F	_____
Week of July 3 rd	M	X	W	Th	F	_____
Week of July 10 th	M	T	W	Th	F	_____
Week of July 17 th	M	T	W	Th	F	_____
Week of July 24 th	M	T	W	Th	F	_____
Week of July 31 st	M	T	X	X	X	_____