



# St Peter Chanel Catholic Church

## Preschool Summer Camp Registration Form 2023



Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Age by 9/1/23: \_\_\_\_\_ (open to ages 3-6 by 9/1/23)       Male       Female

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Alt Phone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

**T-Shirt Size** (Youth sizes): \_\_\_\_\_

**Camp Hours: 9:00 a.m. – 12:30**

**Cost: \$130 per week, due at registration, non-refundable**

*Please mark your selection.*

\_\_\_\_\_ **Week 1**      June 12 – 15: "Hawaiian Luau"  
**Monday thru Thursday**

\_\_\_\_\_ **Week 2**      June 19-22: "STEM"  
**Monday thru Thursday**

\*Register for 2 weeks – total cost is \$240 per child.

\*Children will bring lunch from home each day.

### To Complete Registration, Please Return The Following:

- Registration Form       Registration Fee (Pay by check or online)       Current Immunization Form (GA 3231)  
(GA3231 may be faxed to 678-277-9423)

\*A copy of each child's current immunization form (GA 3231) must be submitted **at the time of registration**.  
**If your child has a current 3231 form on file, you will not need to submit a new form.**

### Medical Release and Photo Permission

I/We, the undersigned parent(s) or legal guardian of \_\_\_\_\_ a minor, do hereby give consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment or procedures and hospital care which is deemed advisable by, and is suggested, recommended, prescribed, or directed by any physician or surgeon duly licensed to practice in the State of Georgia. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached.

I/ We hereby grant permission for publication of group (two or more persons) photos taken at youth events.

**Parent or Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please complete Page 2, attached**

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## Summer Camp Registration Form – Page 2

### Emergency Contact

Please provide one contact (other than yourself) in the event you cannot be reached above

Name	Relation	Home	Cell

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### Medical Information

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Hospital Preference in  
case of emergency: \_\_\_\_\_

Please list any allergies your child has: \_\_\_\_\_

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### Registration Process

Forms can be returned at any time, however summer camp is very popular and our class sizes are limited. We fill classes in the order we receive registration forms. We will notify you by email to confirm your child's registration. At the end of May, you will receive a detailed email with your child's class and teacher assignments.

If you have any questions, please call or email the school:

Director: Rebecca VanDeventer  
[preschool@stpeterchanel.org](mailto:preschool@stpeterchanel.org), 678-832-1231

Office Assistant/Registration: Robin Scheiwe  
[robin@stpeterchanel.org](mailto:robin@stpeterchanel.org), 678-832-1248

