

# Our Lady of Joy Summer Camp

SESSION 1  
MAY ~~25~~ - MAY 29TH  
26

SESSION 2 JUNE 1-  
JUNE 5

Cooking, art, science, water games and much more! Engaging and fun summer camp for your children ages 3-10. Classes will be organized by age.



# Camp doors open at 9:00 a.m. and pick up is at 1:00 p.m.

## Items to bring each day:

### Packed lunch

- Water bottle with name
- Backpack
- Water shoes each day
- Sunscreen and or hat

### Campers please wear:

- Comfortable clothing
- Tennis shoes with socks

## REGISTRATION FORM

Child #1 Name		Child #1 Age	
Child #2 Name		Child #2 Age	
Child #3 Name		Child #3 Age	
Child #4 Name		Child #4 Age	
Which Session(s) will child(ren) be attending?			
<input type="checkbox"/> Session 1: May 25 <sup>th</sup> – May 29 <sup>th</sup> (\$125 each child)			
<input type="checkbox"/> Session 2: June 1 <sup>st</sup> – June 5 <sup>th</sup> (\$125 each child)			
Parent/Guardian #1 Name		Parent/Guardian #2 Name	
Parent/Guardian #1 Phone		Parent/Guardian #2 Phone	
Parent/Guardian #1 Email		Parent/Guardian #2 Email	

*Complete Registration Form and return to Preschool Office with \$50 non-refundable deposit. Balance due first day of session.*

Office Use Only:

Payment by:    Cash | Check | Credit Card    Total: \_\_\_\_\_    Received: \_\_\_\_\_    Balance Due: \_\_\_\_\_



CDC/SGH# or name: \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
		Summer Camp 2020
Home Address (#, Street, City, State, Zip Code):	Date Disenrolled:	
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

<b>Health Care Provider*</b>	Name:	Contact Telephone Number:
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\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

Name(s):
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Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

### Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

### Medical Information

Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:
Additional comments:
Other special instructions:

This Emergency Information and Immunization Record Card is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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Roman Catholic Diocese Of Phoenix  
PHOTOGRAPHIC AND INTERVIEW RELEASE

Appendix F.1

PHOTO/PUBLICITY RELEASE

I, \_\_\_\_\_ (print full legal name of parent or legal guardian), on behalf of and as the parent or legal guardian of the following person, who is under eighteen (18) years of age, \_\_\_\_\_ (print full legal name of minor) (hereinafter "the Minor"), hereby authorize the Roman Catholic Diocese of Phoenix (hereinafter "the Diocese"), all of its parishes, affiliated organizations and entities, and \_\_\_\_\_ (print full name of school) (hereinafter, the "School") to record the Minor's picture, voice and likeness in photographs, films, videotapes or other media during and in connection with the Minor's education or participation in School or Diocesan activities or events, and to use the Minor's picture, voice or likeness on the Diocese website, in the Catholic Sun newspaper, or in any other media or publication without further compensation or permission.

I further authorize the Diocese, its parishes, affiliated organizations, entities and agents, and/or the School to edit any recordings of the Minor's likeness and/or voice and incorporate any such recordings into print publications, electronic publications, software, movie and sound films or tapes, broadcasts (radio and television), programs or otherwise, and to use and license others to use such publications, recordings, software, movie and sound films and tapes and broadcast programs in any manner of media whatsoever, including unrestricted use for purposes of publicity, information, advertising and sale promotion. I understand that the Diocese exclusively owns all rights to these recordings irrespective of the form in which they are produced or used.

I further agree to indemnify and hold the Diocese, its parishes, affiliated organizations, entities, licensees, employees and agents, and the School harmless from and against any claims and liability for damages, losses or expenses of any kind arising from the making or use of any recordings, including, without limitation, claims with respect to the Minor's privacy or publicity.

I have read and understand the contents hereof, and have the right and authority to execute this release and to give this indemnification. I understand that this Release is to be interpreted under the laws of the state of Arizona without resort to its conflict of laws rules, and I hereby submit to the jurisdiction of the courts of the state of Arizona with respect to any action arising under this Release.

Parent/Guardian Consent

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of this Release.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Parent/Guardian Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_