



QUEEN OF APOSTLES  
**STAY & PLAY**  
SUMMER CAMP

449 W. Wisconsin Avenue  
Pewaukee, WI 53072  
262-691-2120  
QueenofApostlesSchool.net

Registrations are taken on a first-come, first served basis. One child per registration form please. Form may be photocopied.

**CHILD INFORMATION**

Child's Name \_\_\_\_\_ Gender **M** **F** Date of Birth \_\_\_/\_\_\_/\_\_\_  
 Age \_\_\_\_\_ Grade (As of 09/1/11) \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ School: \_\_\_\_\_  
 Parent/Guardian 1 \_\_\_\_\_ DOB: \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work: \_\_\_\_\_ Cell \_\_\_\_\_  
 Address (work) While Child is at Program \_\_\_\_\_  
 Parent/Guardian 2 \_\_\_\_\_ DOB: \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work: \_\_\_\_\_ Cell \_\_\_\_\_  
 Address (work) While Child is at Program \_\_\_\_\_  
 If different, name /address preferred for parent communication? (one or two) \_\_\_\_\_  
 Email Address \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (*other than parents*):

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (H/W/C) \_\_\_\_\_

Is this person authorized to pick up the child? Yes No

Additional person (s) other than parents authorized to pick up your child.

Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (H/W/C) \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Address \_\_\_\_\_ Phone (H/W/C) \_\_\_\_\_

**PHYSICIAN / MEDICAL FACILITY INFORMATION**

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_

I hereby give my consent for emergency medical care or treatment to be used if I cannot be reached immediately. Signed \_\_\_\_\_ date: \_\_\_\_\_  
 I give permission for my child to participate in field trips (transported & walking) and other activities during programming. Signed \_\_\_\_\_ date: \_\_\_\_\_

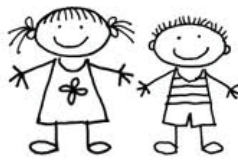
**SUNSCREEN / INSECT REPELLENT AUTHORIZATION**

**Yes No** I authorize the QofA staff to allow my child to self-apply sunscreen.

**Yes No** I authorize the QofA staff to allow my child to self-apply repellent.

Comments: \_\_\_\_\_

**HEALTH HISTORY AND EMERGENCY CARE PLAN** If available, attach any health care plan information from the child's physician, therapist, etc. List any special medical condition that your child may have. \_\_\_\_\_



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Child's Name \_\_\_\_\_ Gender **M** **F** Date of Birth \_\_\_ / \_\_\_ / \_\_\_

<b>Anticipated attendance:</b> (fill in times for each day your child will attend)	<b>Monday</b> <u>AM/PM or full day</u> <u>Hours if known</u> <u>EX: 7:30-4:15</u>	<b>Tuesday</b> <u>AM/PM or full day</u> <u>Hours if known</u> <u>EX: 7:30-4:15</u>	<b>Wednesday</b> <u>AM/PM or full day</u> <u>Hours if known</u> <u>EX: 7:30-4:15</u>	<b>Thursday</b> <u>AM/PM or full day</u> <u>Hours if known</u> <u>EX: 7:30-4:15</u>	<b>Friday</b> <u>AM/PM or full day</u> <u>Hours if known</u> <u>EX: 7:30-4:15</u>	\$125 per child full week OR \$30 per day per child or \$15 half day- less than 4 hours
Week One June 13-17 Let the Games Begin						
Week Two June 20-24 Animal Friends						
Week Three June 27-July 1 Healthy Bodies & Minds						
Week Four July 4-8 Celebrate America	No Summer Camp Happy 4th!					
Week Five July 11-15 Goin' Green						
Week Six July 18-22 Medieval Times						
Week Seven July 25-29 Medieval Times						
Week Eight August 1-5 Explore the World						
Week Nine August 8-12 Explore the World						
Week Ten August 15-19 Festival of Arts						
Week Eleven August 22-26 Festival of Arts						

Parents of children who are not current students at Queen of Apostles school will also need to fill out an immunization form for each child attending the Stay and Play program. An **Emergency Contact Card** will also be completed for enrollment.

**A \$100 family deposit is required to hold your place in the program. It will be applied to your last week of enrollment. All payments are due prior to attend, please submit payment by Friday for the next week's attendance. You can also pay monthly or for the summer in advance as well.**