

St. Anastasia Catholic School 2022 SUMMER CAMP

June 2 - July 29 - No camp the week of July 4th.

Monday through Thursday - 8:00 a.m. - 5:00 p.m., Friday - 8:00 a.m. - 4:00 p.m.

Cost per week \$150.00 - (First week - \$60.00 - June 2nd and 3rd)

The \$150.00 non-refundable fee covers Monday through Friday of one week.

All payments will be made through the Family Portal. No Cash or checks.

If money is not uploaded to the Family Portal account by Wednesday (each week) there will be a \$10.00 late fee added to the account.

Morning Drop-Off - campers are to be signed in at the Parish Center.

Afternoon Pick-Up - either in the Parish Center or at the Pavilion

Pre-School Camp - Ages 3-4

Limit of 35 students

Campers must be potty trained.

Campers should bring a change of clothes in a bag each day.

Campers are required to wear enclosed athletic shoes.

Flip flops and backless shoes are not allowed.

Campers must have a water bottle daily.

Campers should bring a rest mat.

Sunscreen is recommended

All Activities are located on school grounds: playground, learning centers, movies, computer learning games.

Beginning June 6th, students may attend camp on a daily basis, if **space is available**. Cost is \$35.00 per day.

Day Camp - Ages 5-12

Limit of 50 students

A student must be 5 years old to ride on the school bus.

Activities include bowling, roller skating, field trips, basketball, movies on campus.

Campers must have a water bottle daily.

Sunscreen is recommended

Campers are asked to wear a "spirit shirt" (blue or gold) on off-campus activity days.

On Fridays, campers will attend the 8:15 a.m. Mass. Parents are invited to attend.

Beginning June 6th, students may attend camp on a daily basis, if **space is available**.

Cost: Mon, Tues, Wed, Fri - \$35.00 per day
Thurs - \$45.00 - Chuck E. Cheese day

Breakfast and lunch will be provided by St. Lucie County Schools, or students may bring a lunch.

Snacks and water will be available for purchase. The Family Portal will be charged.

The camp's emergency cell phone number is 772-293-1954.

STUDENT SIGN OUT LATE FEES - Charged to Family Portal

Monday through Thursday	Friday
Students must be signed out prior to 5:00 p.m.	Students must be signed out prior to 4:00 p.m.
A late fee of \$1.00 per minute will be charged for students signed out from 5:01 p.m. to 5:14 p.m.	A late fee of \$1.00 per minute will be charged for students signed out from 4:01 p.m. to 4:14 p.m.
Beginning at 5:15 p.m. the late charge is \$2.00 per minute until the student is signed out.	Beginning at 4:15 p.m. the late charge is \$2.00 per minute until the student is signed out.

INSURANCE - All summer camp students are automatically enrolled in a school accident insurance program provided by the Diocese. It must be noted that this is **EXCESS** insurance. This means that payment of all bills incurred is made only in EXCESS of all other family or employer group insurance, and these plans must contribute their maximum before the school coverage has any liability. This is a program of supplemental coverage designed to pick up any shortage, or if no other insurance plan exists, to pay the medical bills in full to the limit stated by the insurance company.

SUMMER CAMP RULES AND EXPECTATIONS

All campers are required to wear enclosed athletic shoes.

Flip flops and backless shoes are not allowed.

Campers should bring a change of clothes in a bag each day.

Campers should wear sunscreen.

General rules

1. Show respect to the summer camp employees.
2. Respect school property.
3. Speak courteously with others.
4. Follow directions of summer camp employees.
5. Disrespect to others, children or adults, will not be tolerated.
6. No cell phones, I-Pods, or other electronics – the school is not responsible for loss or damages incurred to items if student does not follow this rule.
7. Eating and drinking takes place at picnic tables (no eating on court or equipment).
8. No littering - there are several containers for garbage.
9. Campers **must** check in with summer camp employee before leaving play area for restroom, water fountain or any other area.
10. St. Anastasia School reserves the right to exclude or dismiss any camper, because of misbehavior or other reasons, from the summer camp program.

Playground rules

1. No bullying.
2. No running on the equipment.
3. No pushing.
4. No jumping off equipment.
5. One person down slide at a time, facing forward and on seat.
6. No balls, bats, toys, batons on equipment.
7. Use equipment as designed.
8. No hanging on volleyball nets.
9. Keep sand off blue top basketball court.

School bus and field trips rules

Campers will

- walk to and from the bus.
- obey the bus driver's rules for the bus.
- remain in the bus seat at all times while riding.
- keep head, hands, and feet inside the bus at all times.
- cause no damage to the bus.
- not throw objects out of the bus window.
- speak in low conversational tones.
- show respect to other children, adults, and property at field trip destinations.
- remember that during field trips they represent St. Anastasia Catholic School.

St. Anastasia Catholic School - 2022 Summer Camp Registration Form

Please complete one registration form per student and return to the school office.

For students attending the age 5-12 camp, please complete, sign, and return the attached Diocese of Palm Beach Field Trip Consent and Release Form. Students in grades three and higher must also sign the form.

A student may not participate in the off-campus activities if the form is not completed and signed.

PLEASE INDICATE WHICH WEEKS AND DAYS YOUR CHILD WILL BE ATTENDING.
 \$150.00 per week – Family Portal will be charged on Mondays. Money should be uploaded by Wednesday.
 June 2 and 3 - \$60.00

	June 2&3	June 6-10	June 13-17	June 20-24	June 27- July 1	July 4-8	July 11-15	July 18-22	July 25-29
Cost	\$60.00	\$150.00	\$150.00	\$150.00	\$150.00		\$150.00	\$150.00	\$150.00
Monday	No Camp					NO CAMP THIS WEEK			
Tuesday	No Camp								
Wednesday	No Camp								
Thursday									
Friday									

My child will be attending the: Pre-School Camp _____ Age 5-12 Camp _____

Student's Last Name: _____ First Name: _____

Student's Date of Birth: _____ Student's Age (at the beginning of camp) _____

Grade Entering (Fall of 2022) _____

Dad's Name:	Mom's Name:
Dad's e-mail:	Mom's e-mail:
Dad's Cell #:	Mom's Cell #:
Dad's Work #"	Mom's work #:

Parents will be notified first in the case of an emergency.

Alternative Emergency #: _____ Ask for: _____

Please list all individuals, other than yourself, who are permitted to pick up your child.

Full Name: _____ Phone: _____ Relationship: _____

Full Name: _____ Phone: _____ Relationship: _____

I have advised the Camp Director of specific, prescribed medication my child may need and have supplied the Camp Director with said medication in a prescription bottle and a signed Diocesan Authorization for Medication Form. (A copy of the form is enclosed with this packet. The form may also be obtained from Dana Fischbeck or the school office.)

I understand that this is a Catholic camp, that Catholic/Christian based activities may be included, and that behavior at camp will be consistent with Catholic/Christian values and the St. Anastasia Catholic School Code of Student Conduct. I have read and discussed the Summer Camp Rules and Expectations with my child. I understand that students causing severe or continuous disruption, or displaying severe or continuous disrespect toward others, or students behaving in a manner not in keeping with Catholic school philosophy and expectations, will be dismissed from the St. Anastasia Summer Camp.

Parent or Guardian Signature _____ Date: _____



Diocese of Palm Beach
Field Trip Consent and Release

Entity: Remember to keep Field Trip Consent and Release Forms on file for 4 years.

EVENT: 2022 SUMMER CAMP ACTIVITIES	
DESTINATION: SKATE FACTORY - TUESDAYS - 10:00 - 2:00 SUPERPLAY - FRIDAYS - 12:15 - 3:00	CHUCK E. CHEESE - THURSDAYS 12:15 - 4:00
DATE(S): JUNE 6 - JULY 29, 2022	
NAME OF PARTICIPANT:	CELL PHONE:

PARENT/GUARDIAN:	PHONE NUMBER:	
PARENT/GUARDIAN ADDRESS:		
CITY:	STATE:	ZIP:

EMERGENCY CONTACT INFORMATION		
NAME:	PHONE NUMBER:	
ADDRESS:		
CITY:	STATE:	ZIP:

SPECIAL NEEDS INCLUDING FOOD ALLERGIES:
If your child will require medication on this trip, please complete the Diocesan Authorization for Medication form.

I hereby freely and voluntarily consent to participation in the field trip/activity described above. I agree to assume all financial responsibility for participation in the field trip/activity and hold ST ANASTASIA SCHOOL (entity name), Diocese of Palm Beach, Inc. and all of their corporate members, affiliated entities, employees, officers, directors, and agents ("Sponsor") harmless for all costs incident to my participation in this field trip/activity.

I, the undersigned, a participant in the field trip described above, do waive and release Sponsor from liability for any injury, accident, or damages caused by any vehicle, weather, sickness, or otherwise stemming from any act or omission of any individual. I also release Sponsor and agree to indemnify it with regard to any financial obligations incurred by my acts or omissions.

I understand that all travel involves some risk, and I hereby agree to assume and consent to such risk. I hereby waive and release Sponsor for any injuries, damages, or losses incurred in connection with actions, omission or conditions or developments, or any other actions, omissions or conditions within or outside Sponsor's control. By my participation in this program I voluntarily assume all risks involved in such travel, whether expected or unexpected. I hereby acknowledge that I have been warned of such risks, and that I have been advised to take appropriate action and to govern myself accordingly. I am also aware that certain insurance companies do offer insurance against some of the many perils noted and that I may opt to insure myself should I so choose.

I hereby grant Sponsor full authority to take whatever actions they may consider in their sole discretion to be warranted under the circumstances concerning my health and safety and I specifically and fully release each of them from any liability for such decisions or actions as may be taken in connection therewith. I authorize Sponsor at its discretion, to place me at my own (or my parents' or my guardians') expense and without further consent, in a hospital that is readily available, to place me in the hands of a local physician for treatment, should the need arise at my expense.

I agree to comply fully with the rules of Sponsor and any travel company and I agree that Sponsor has the right to enforce its standards of conduct as determined and interpreted in its sole discretion, and that, should I fail to comply with them, Sponsor has the right to terminate my participation in the program. In the event of termination, I agree to be sent home

at my parent(s)/guardian(s) expense. I understand that this is an organized program and that group standards must be observed. I hereby waive and release Sponsor from any claim arising out of my failure to remain under such supervision. In addition, I acknowledge the right of Sponsor to terminate my participation at any time of failure to maintain standards or for any actions or conduct for which Sponsor deems incompatible with the interest, harmony, comfort, and welfare of other students. I specifically agree not to bring any weapons or illegal drugs with me on the field trip/activity.

I acknowledge that Sponsor is not responsible either for any injury or loss whatsoever suffered by me during periods on independent travel or during any absence from the program of Sponsor.

All references in this release to Sponsor shall also include all of its chaperones, group leaders, faculty members, administrators, advisors, and agents. All reference to the parent of the participant includes the legal guardian or other adult responsible for the participant.

I have read the terms and conditions set forth by Sponsor and I agree that this constitutes a part of any agreement with Sponsor. I understand and agree to all of Sponsor's terms as set forth in the descriptive information and in this Release. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Participant:	
Print Name:	Date:

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Field Trip Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant's leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian:	
Print Name:	Date:

PHOTOGRAPH AND/OR VIDEOTAPE CONSENT & RELEASE

I hereby grant to Sponsor the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, and promotional materials without any reservation, limitation, or consideration. This waiver specifically releases any common law causes of action or claims under Fla. Stat. 540.08 and expressly constitutes written consent for publication of my name, face, likeness, voice and appearance.

Signature of Participant:	
Print Name:	Date:

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Photograph and/or Videotape Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsor as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant's leaving the supervision of Sponsor. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent/Guardian:	
Print Name:	Date:



Diocese of Palm Beach
AUTHORIZATION FOR MEDICATION FORM
 Field Trip

Student Name:	Date:
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It is necessary that medication be given as follows:

Prescription Medication <small>(Brand Name and name as it appears on container if different)</small>	Dosage <small>(Amount to be given)</small>	Form of Medication	Prescription No.
		<input type="checkbox"/> Tablet <input type="checkbox"/> Capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Pill <input type="checkbox"/> Inhalant <input type="checkbox"/> Other: <input type="checkbox"/> Color (if applicable):	

Dispensing Instructions (how often / what time):

Prescription Medication <small>(Brand Name and name as it appears on container if different)</small>	Dosage <small>(Amount to be given)</small>	Form of Medication	Prescription No.
		<input type="checkbox"/> Tablet <input type="checkbox"/> Capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Pill <input type="checkbox"/> Inhalant <input type="checkbox"/> Other: <input type="checkbox"/> Color (if applicable):	

Dispensing Instructions (how often / what time):

Prescription Medication <small>(Brand Name and name as it appears on container if different)</small>	Dosage <small>(Amount to be given)</small>	Form of Medication	Prescription No.
		<input type="checkbox"/> Tablet <input type="checkbox"/> Capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Pill <input type="checkbox"/> Inhalant <input type="checkbox"/> Other: <input type="checkbox"/> Color (if applicable):	

Dispensing Instructions (how often / what time):

No injection will be given, except in an extreme emergency, such as allergy to bee sting or the like.

The parent knows of this request and is in full agreement that the medication(s) will be supplied as needed. Should the student manifest any of the following symptoms caused by the medication(s), please contact the parent or my office.

Symptoms:

Known Allergies:

Physician's Signature:
Print Physician's Name:
Physician's Phone Number:

Parent's Signature:
Print Parent's Name:
Parent Phone Number: