



**MAC SUMMER CAMP**  
**Offered July 21-August 1**

**2ND - 6TH GRADERS**

**Sessions:**

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*\*Please check the session box you wish to attend  
\*If you require before care please check before care box*

<input type="checkbox"/>	July 21-July 25	<input type="checkbox"/>	Before Care
<input type="checkbox"/>	July 28-August 1	<input type="checkbox"/>	Before Care

**MAC Camp Information:**

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**Ages:** Entering 2nd-6th Grade

**Dates:** July 21-July 25  
July 28-August 1

**Where:** TSMSOC Campus  
6345 Wydown Blvd  
Clayton, MO 63105

**Times:** 8:45am-4:00pm Camp Hours  
7:30am-8:45am Before Care

**Activities:** MusicArtCooking

**Cost:** \$250.00 per session (1 week sessions)  
\*Payment must be made in full to confirm registration

**Registration:**

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**CHILD'S NAME / NICKNAME** \_\_\_\_\_

BIRTH DATE \_\_\_/\_\_\_/\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_ GRADE ENTERING FALL 2014 \_\_\_\_\_

Current School \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Mother's Home Phone \_\_\_ - \_\_\_ - \_\_\_\_\_ Mother's Cell Phone \_\_\_ - \_\_\_ - \_\_\_\_\_ Mother's WORK PHONE \_\_\_ - \_\_\_ - \_\_\_\_\_

Mother's Email (**REQUIRED**) \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_

Same Address of Mother Listed Above

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Father's Home Phone \_\_\_ - \_\_\_ - \_\_\_\_\_ Father's Cell Phone \_\_\_ - \_\_\_ - \_\_\_\_\_ Father's WORK PHONE \_\_\_ - \_\_\_ - \_\_\_\_\_

Father's Email (**REQUIRED**) \_\_\_\_\_

**Emergency Contacts:**

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**EMERGENCY CONTACT #1 Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Home Ph \_\_\_ - \_\_\_ - \_\_\_\_\_ Cell Ph \_\_\_ - \_\_\_ - \_\_\_\_\_ Work Ph \_\_\_ - \_\_\_ - \_\_\_\_\_

**EMERGENCY CONTACT #2 Name:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Home Ph \_\_\_ - \_\_\_ - \_\_\_\_\_ Cell Ph \_\_\_ - \_\_\_ - \_\_\_\_\_ Work Ph \_\_\_ - \_\_\_ - \_\_\_\_\_

**Permissions:**

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**Blanket Field Trip Permission**

*Yes, my child has permission to attend all camp-related field trips.*

**Photo Release Agreement**

*Yes, I authorize The St. Michael School to permit the video / photographing of my child and to use such video / photographs in its publications.*

**Medical Emergency Agreement**

I do hereby grant permission for The St. Michael School to secure such medical and / or hospital services as deemed necessary for my child in the event he / she should sustain an injury or illness while attending camp or a camp-sponsored field trip. I have also indicated below any medical information of which the school should be aware in consideration of my child's physical and mental well-being.

\*Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Medical & Health Information:**

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\*Please include your child's current medical physical

\*If medication is required during camp hours, a medical permission form is required. Please email [Lmucho@stmichaelschool.org](mailto:Lmucho@stmichaelschool.org) to gain a form

PEDIATRICIAN'S NAME: \_\_\_\_\_

PHONE \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATION: \_\_\_\_\_

OTHER IMPAIRED HEALTH ISSUES: \_\_\_\_\_

Parental Concerns: \_\_\_\_\_

Safety Concerns: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For questions please email [Lmucho@stmichaelschool.org](mailto:Lmucho@stmichaelschool.org)

Payment must be made in full to confirm registration. Checks made payable to TSMSOC.

**The St. Michael School of Clayton  
Attn: Lori Mucho  
6345 Wydown Blvd  
Clayton, MO 63105**