



PROVIDENCE ACADEMY



2009 Summer Camp Registration

Please complete a separate form (this page only) for each camper;
use the P.A.L.S. form for P.A.L.S. Camp.

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____
Sex (please circle): M F Birth Date: ____/____/____ Grade in Fall 2009: _____
School Attending in Fall 2009: _____

Activity: _____ Fee: \$ _____
Activity: _____ Fee: \$ _____
Activity: _____ Fee: \$ _____

For tutoring services and music lessons, please note: Instructor _____
1st Choice Preferred day _____ Preferred time _____
2nd Choice Preferred day _____ Preferred time _____

In the event that your child's camp will provide a T-shirt, please circle an option to indicate child's size here.
T-shirt size:

Child (6-8) Child (10-12) Child (14-16)
Adult (S) Adult (M) Adult (L)

MEDICAL HISTORY

Primary Care Physician: _____
Phone: _____ Facility/Clinic: _____
Address: _____

Indicate all medical conditions that apply:

_____ Asthma _____ Heart Condition _____ Chronic Stomach Upset
_____ Dizziness _____ High Blood Pressure _____ Joint Problems
_____ Hay Fever _____ Back Problems _____ Diabetes
_____ Allergies (list all): _____

Previous operations or serious illness: _____
Current medications (list all): _____

Does the camper have any special needs that we should be aware of? _____

HOUSEHOLD/ADULT PRIMARY CONTACTS

Relationship to Participant: _____ Mother _____ Father _____ Guardian
First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Alternate Phone: _____
Email Address: _____

Relationship to Participant: _____ Mother _____ Father _____ Guardian
First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Alternate Phone: _____
Email Address: _____

COMPLETING REGISTRATION

How did you learn about Providence Academy's Summer Program?

_____ School's E-Bulletin _____ School's Website
_____ School's *The Lions' Pride* _____ Postcard mailed to my home
_____ Ad in *MN Parents* _____ Other: _____

Total fees for all campers: \$_____.

Please make checks payable to Providence Academy if your child is not a current Providence Academy student. Payment is due 3 weeks before the camp's start date.

Waiver of Consent

We/I consent to the following conditions (unless otherwise notified in writing): 1) Permission to Providence Academy, its official representatives and assigns, the irrevocable and unrestricted right to use and publish photographic images of my child participating in the PA summer camp(s) in which the Student might be included, for editorial, trade, advertising, and any other purpose and in any manner and medium. I hereby release Providence Academy and its official representatives and assigns from all claims and liability relating to said photographs. 2) Permission to transport my child via bus, van or on foot during a Providence Academy Summer Camp. 3) Permission, when I cannot be contacted, to transport my child to the emergency room or closest medical facility at my own expense. The medical personnel have my permission to provide treatment as deemed necessary. We/I release Providence Academy staff from any and all liabilities for injuries sustained while in any class or camp.

Primary Parent's or Guardian's Signature

Date

Mail or fax this completed form to:

Summer Camp Registrar
Providence Academy
15100 Schmidt Lake Road
Plymouth, MN 555446
Phone: (763) 258-2500 Fax: (763) 258-2501

FREQUENTLY ASKED QUESTIONS

How do I register and pay for a camp if my child attends PA?

If your child attends PA during the school year, you will be invoiced for the summer program.

Can my child attend Providence Academy's Summer Programs if he goes to a different school?

Yes! Many students who participate in PA's Summer Programs attend other schools during the academic year.

How do I register and pay for a camp if my child does not attend PA?

If your child does not attend PA during the school year, please make out a check payable to Providence Academy for the amount of the camp fee(s). Full payment must be received three weeks prior to the start of camp.

What if I need to cancel enrollment prior to the camp/course start date?

There is no penalty for cancellation *three* weeks prior to the start of a camp. Please send us your schedule change in writing, or e-mail it to pasummercamps@providenceacademy.org. After *three* weeks prior to the start of camp, you will be responsible for paying the full summer tuition amount for the activity you chose for your child. Tuition is not refunded or prorated for vacation or sick days.

Are changes ever made after the catalog is published?

Yes. Although we make every effort to provide an accurate and complete catalog, changes do occur between when the catalog is published in the winter and when the Summer Programs begin in June. Please check our website at www.providenceacademy.org after March 1st for updates.

I need full-day care. If I sign up for a morning class, what are my options for the afternoon?

You may sign up for an afternoon class to complement the morning class you've chosen. In addition, an extended day program is offered through the P.A.L.S. Camp.

Will classes and camps be held Friday, July 3?

No. All of our programs will be closed that day.

What if I have other questions?

Please contact the Providence Academy main office at (763) 258-2500 with any questions regarding summer programs and we will direct your question to the right person or email us at pasummercamps@providenceacademy.org.