



# City of St. Gabriel



June 5<sup>th</sup> - July 28<sup>th</sup>

**REGISTER NOW**

# Camp 2017



## CAMP FEES

### Registration

\$75 - 1<sup>st</sup> child

\$50 - per additional child  
(Non-refundable)

### Weekly Fees

\$75 - 1<sup>st</sup> child

\$50 - per additional child

**\*No Daily Fees\***

## Camp Schedule



### Camp Dates

- Week 1: June 5-9
- Week 2: June 12-16
- Week 3: June 19-23
- Week 4: June 26-30
- Week 5: July 3-7
- Week 6: July 10-14
- Week 7: July 17-21
- Week 8: July 24-28

### Camp Hours

Monday - Friday  
7:30 a.m. - 4:30 p.m.

- ★ The age groups are (4-6) (7-9) (10-12). There is a maximum of 20 kids per age group. Please inquire about (3) year old acceptance.
- ★ Registration forms are due at St. Gabriel City Hall, 5035 Iberville Street St. Gabriel, LA, by Friday, June 2<sup>nd</sup> or until all slots are filled.
- ★ All campers must pay a registration fee to enter into camp. Your child is not considered registered until this fee is paid.
- ★ Payments for the first week of camp are due in full prior to the first day of camp. If payment is not received for weekly sessions by the Friday before the new session week, your child will not be allowed to attend that session.
- ★ Registration payments are accepted @ City Hall. Weekly payments are accepted at the Community Center on Fridays and Mondays only.

**\*Cash or Money Order Only (No Personal Checks)\***



## 2017 Summer Camp Registration Form

### Camper Information

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade (Fall of '17) \_\_\_\_\_ School: \_\_\_\_\_

Physical Address: \_\_\_\_\_

(City)

(State)

(Zip)

Food Allergies? Yes No Please Name: \_\_\_\_\_

T-Shirt Size:

\_\_\_\_YS

\_\_\_\_YM

\_\_\_\_YL

\_\_\_\_Adult Small

\_\_\_\_Adult Medium

\_\_\_\_Adult Large

### **PARENT/GUARDIAN INFORMATION**

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

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_



City of St. Gabriel  
**2017 Summer Camp Shirt Order Form**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

The shirt your camper receives on the first day of camp is **FREE** of charge. As camp shirts must be worn daily, you have the option of purchasing additional shirts at a cost of \$7.00 per shirt. Payment is accepted in the form of cash or money order.

Quantity	Size	Price	Total

\*Please note that shirt orders will be placed on **Tuesdays** and **Fridays** only and take up to a week to receive.

# 2017 Camp Fees

## **Registration**

\$75 (Non-refundable)

\$50 per additional child

## **Weekly Fees**

\$75 - 1<sup>st</sup> child

\$50 - per additional child

**\*No Daily Fees\***

## **Camp Hours**

7:30 a.m. - 4:30 p.m.

Drop Off 6:45 a.m. & Pick-up 5:15 p.m.

**\*No Daily Fees\***

**CITY OF ST. GABRIEL SUMMER CAMP  
TRANSPORT APPROVAL**



**AUTHORIZED PERSONS FOR CHILD TRANSPORT**

CAMPER NAME: \_\_\_\_\_

1. ADULT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

2. ADULT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

3. ADULT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**For the safety of our campers, we cannot allow anyone not listed above to transport your child.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



## **ST. GABRIEL SUMMER CAMP POLICIES**

### **Attendance Policy:**

Parents or guardians are expected to notify the camp director or designee of their child's absence for early dismissal from camp as soon as you are aware that he/she will not be attending.

### **Check-In Policy:**

A camp staff member will assist you with the check-in of your child at the facility each day. Campers should not be dropped off.

### **Pick-up Policy:**

Parents or guardians picking up children must be registered on file, provide proper identification and sign out their child at the time of pick-up each day in the presence of a staff member.

### **Sick Child Policy:**

Children who develop symptoms of illness, headaches, fever, stomach aches, vomiting, etc. will be allowed the opportunity to rest in an area away from the rest of the group, yet in full view of staff. When appropriate, you will be notified of your child's illness and asked to pick up your child as soon as possible.

### **Severe Weather:**

When weather is severe enough to cause cancellation of camp, you will be notified as soon as possible of the cancellation and recommencement process.



## City of St. Gabriel Summer Camp Disciplinary Policy

Summer camp is meant to be fun, educational and recreational experience. For the benefit of all campers, it is important that children behave appropriately. If it becomes necessary to take disciplinary action against a camper we will follow the steps as listed below.

1<sup>st</sup> incident: The camper will receive a verbal warning and an explanation as to why the behavior is inappropriate (whenever possible, this will be done in a one-on-one setting). The incident will also be documented for camp purposes.

2<sup>nd</sup> incident: The Staff Director will determine an appropriate consequence for the camper's actions. Examples may include a "time-out" or exclusion from participating in an activity. The camper's parent will be notified of their behavior when they arrive to pick up the child.

3<sup>rd</sup> incident: The child will be excused from camp without a refund.

**The City of St. Gabriel Summer Camp reserves the right to bar any child from summer camp following a first incident in cases of serious behavior problems.**

### City of St. Gabriel Summer Camp Agreement with Parents

- I certify that I have read the camp policies, fees and schedules, and understand that contents thereof.
- I have read and understand the Day Camp rules and regulations.
- This application has my approval and consent. I authorize the camp director or designee to act for me according to their best judgment in any emergency.
- I grant permission for my son/daughter to participate in camp activities including out of camp trips.
- Permission is also granted to transport my child in camp designated vehicles for off-site trips and for emergency medical care.
- Permission is also granted to take and use photographs of my child for internet, advertising and publicity purposes.
- I understand the camp fees do not include health accident insurance and that I will be responsible for any and all charges incurred for my child's medical attention.
- I certify that son/daughter is amenable to discipline and free from habits or attitudes that would make him/her an unsuitable camper.

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

\_\_\_\_\_  
Date