



# ST. STEPHEN'S DAY CAMP

3439 Main Highway, Coconut Grove, FL 33133  
305-537-1275 • Fax 305-445-7320  
www.ststephenscamp.org

## Registration Form

Please use one form per camper.  
Feel free to copy this form.

### Camper Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Grade Entering in Fall 2008: \_\_\_\_\_

### Parent Information

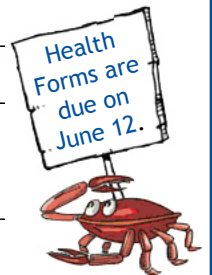
Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ For parents of campers, signing this registration form confirms that SSDC will not be held liable for accidental injury.

### Emergency Contact Information

Contact Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Medical and Other Important Information

List any health conditions, allergies, physical limitations, medications or special conditions in your child's medical history: \_\_\_\_\_  
List any activities in which your child should NOT participate due to health reasons: \_\_\_\_\_  
Can child swim? \_\_\_\_ Yes \_\_\_\_ No Is child timid of water? \_\_\_\_ Yes \_\_\_\_ No  
List any persons NOT authorized to pick up your child: \_\_\_\_\_



Please indicate sessions child will attend:

#### Session 1 (June 22 - July 3)

- Little Fish (\$625)
- Big Fish (\$650)
- Ahora Español 1 (\$350 half day)
- Ahora Español 2 (\$350 half day)

#### Session 2 (July 6 - July 17)

- Little Fish (\$625)
- Big Fish (\$650)
- Ahora Español 1 (\$350 half day)
- Ahora Español 2 (\$350 half day)

#### Session 3 (July 20 - July 31)

- Little Fish (\$625)
- Big Fish (\$650)

## PAYMENT OPTIONS

- Checks payable to: *St. Stephen's Day Camp.*
- Credit Card (MasterCard or Visa)

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

Number of Camp Sessions  
\_\_\_\_ x camp tuition

\$

Total Due:

\$

## REGISTRATION DEPOSIT

A non-refundable deposit of \$200 per camper is required at the time of registration. This deposit will be credited towards your camp balance. Payment is due two weeks prior to the session.