

2022 SJTB CAMP JAGS REGISTRATION FORM

CAMPER'S NAME: _____
First Last

2022-23 SCHOOL: _____ GRADE ENTERING: _____ AGE: _____ BOY GIRL

CAMPER'S NAME: _____
First Last

2022-23 SCHOOL: _____ GRADE ENTERING: _____ AGE: _____ BOY GIRL

PARENTS' NAMES: _____

ADDRESS: _____
Street City State Zip Code

EMAIL: _____ HOME PHONE: _____

MOTHER'S CELL PHONE: _____ WORK PHONE: _____

FATHER'S CELL PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

****In case parents cannot be contacted****

Additional information that you would like for Camp JAGS staff to know about your child: (Allergies, Medical Conditions, Family Concerns, etc.)

AUTHORIZATION FOR TREATMENT

In connection with the care of: _____, (NAME OF CAMPER -PLEASE PRINT)

I hereby authorize medical staff and/or the physicians at the nearest Hospital to prescribe such treatment, to administer such anesthetics, and/or perform such medical and/or surgical procedures as may be deemed advisable or necessary in the diagnosis and treatment of my son/daughter or the child named above in case of an emergency. (Selected St. Louis Hospitals, if necessary)

_____, (SIGNATURE OF PARENT OR GUARDIAN)

*This permission is required by the hospital officials before they will treat any emergency case.

<u>Camp Costs:</u>		
Regular Day Camp Rate: \$150 per week	Day Camp + Extended Care Rate: \$175 per week	Daily rates are as follows: Day Camp Only- \$30 per day Day Camp + Extended Care- \$35 per day
<p>* Please note in 2022 there will be an additional \$10 fee for each field trip. The field trip fee is waived for any St. John student that attends camp full time and has paid in full by May 27th, 2022.</p> <p>* SJTB Camp Jags Discounts may only be applied to weekly rates by a camp director.</p> <p>* SJTB Student Early Bird Discount: There will be a 10% discount applied to the weekly rate of each St. John the Baptist student who pays in full by May 27th, 2022.</p> <p>*Discount may only be applied to full time weekly rates.</p> <p>*Child must be registered for the 2022 school year</p>		

2022 SJTB CAMP JAGS SCHEDULE

Parent's Name(s): _____

Camper's Name(s): _____

- Please check the boxes and mark the days for the weeks that you are registering for, if known.
- You may register now and select your dates and pay at a later time if dates are unknown.
- Please pay the appropriate fee no later than the Friday prior to the week of attendance.

Week	Dates	Day Camp 9:00 A.M-3:00 P.M	Extended Care 7:00-9:00 A.M & 3:00-6:00 P.M	Daily Attendance (Circle)
1	June 6-10	<input type="checkbox"/>	<input type="checkbox"/> (before) <input type="checkbox"/> (after) <input type="checkbox"/> (both)	M T W TH F
2	June 13-17	<input type="checkbox"/>	<input type="checkbox"/> (before) <input type="checkbox"/> (after) <input type="checkbox"/> (both)	M T W TH F
3	June 20-24	<input type="checkbox"/>	<input type="checkbox"/> (before) <input type="checkbox"/> (after) <input type="checkbox"/> (both)	M T W TH F
4	June 27-July 1	<input type="checkbox"/>	<input type="checkbox"/> (before) <input type="checkbox"/> (after) <input type="checkbox"/> (both)	M T W TH F
5	July 4-8*	<input type="checkbox"/>	<input type="checkbox"/> (before) <input type="checkbox"/> (after) <input type="checkbox"/> (both)	W TH F
6	July 11-15	<input type="checkbox"/>	<input type="checkbox"/> (before) <input type="checkbox"/> (after) <input type="checkbox"/> (both)	M T W TH F
7	July 18-22	<input type="checkbox"/>	<input type="checkbox"/> (before) <input type="checkbox"/> (after) <input type="checkbox"/> (both)	M T W TH F
8	July 25-29	<input type="checkbox"/>	<input type="checkbox"/> (before) <input type="checkbox"/> (after) <input type="checkbox"/> (both)	M T W TH F

*There will be no camp on Monday, July 5 or Tuesday, July 6.

*Weekly camp rate will be prorated on a 3 day week.

Do you want to receive payment information for your taxes in January 2023?

YES NO

T-shirt Order (each registered camper will receive 1 free t-shirt)

T-Shirt	Size	Quantity	Amount Total (For use of staff members only)
Adult	XS S M L XL		
Youth	XS S M L XL		

Camper's Name: _____ Total Quantity: _____ Total Amount: _____