

Camp Paulooza

2017

June 5 – August 4

7:00 am – 6:00 pm

For children age 2 – (entering) Grade 6



\$30 enrollment fee

\$150 per week

- Applications must be complete in order for place in class to be reserved.
- Fees are non-refundable, non-transferable, and will not be pro-rated for any reason.
 - Current immunizations must be presented at time of enrollment.
- All payments are due at least one week in advance. If payment has not been made, the credit card on file will be charged the Friday before the next week's camp begins.
- There is one full week's notice required on all cancellations in order to avoid being charged.

St. Paul's Camp Paulooza Registration 2017

Student _____
Last First Middle

Street City State Zip

Parent Daytime Phone Other Phone

Emergency Contact Daytime Phone Other Phone

Parent Email Address Alternate Email Address

School Last Attended Grade Entering (2017-18) Age on June 1

List all child's allergies and treatments needed. A Physician's Note may be required in school office.
(Ask about allergy policy before registering)

_____ Male Female
Date of Birth

Church Pastor

Check the Camp Paulooza Weeks you are registering for:

Camp Paulooza 2017

- ___ Week 1: June 5-9 (Games Galore)
- ___ Week 2: June 12-16 (Lego Mania)
- ___ Week 3: June 19-23 (Blast from the Past)
- ___ Week 4: June 26 – June 30 (Summer Fiesta)
- ___ Week 5: July 3-7 (Literary Adventures)
Closed July 4
- ___ Week 6: July 10-14 (Imagination Station)
- ___ Week 7: July 17-21 (Culinary Arts)
- ___ Week 8: July 24-28 (Camp Paulooza's Got Talent)
- ___ Week 9: July 31 – August 4 (Fun and Fitness)

****All payments are \$150 per week and due at least one week in advance. If payment has not been made, the credit card on file will be charged the Friday before the next week's camp begins.**

****There is one full week's notice required on all cancellations in order to avoid being charged.**

EMERGENCY MEDICAL AUTHORIZATION

I hereby authorize the agents of St. Paul's Preparatory Academy to give consent for any and all necessary medical care for my child _____ while the said child is involved in any St. Paul's Preparatory Academy program. Should legal action, for any reason, be taken against St. Paul's Preparatory Academy or the governing body of St. Paul's Preparatory Academy, I agree to pay any attorney fees, court fees, damages, awards, or other costs that St. Paul's Preparatory Academy, or its agents, or the governing body of St. Paul's Preparatory Academy, or its agents should incur to defend itself/themselves against such action.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

SELF-ADMINISTRATION OF INHALER BY STUDENT

St. Paul's Preparatory Academy is hereby authorized to allow my child _____ to carry his prescribed inhaler on his person at all times. It is understood that this privilege will be revoked if the inhaler is used by anyone other than the child to whom it is prescribed. I acknowledge that this medication is not dangerous if used inappropriately by others. Brand name of prescribed inhaler _____.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Physician's Signature

Date

If the physician's signature cannot be obtained, a copy of the prescription must be attached to this application.

WAIVER OF LIABILITY

I, the undersigned parents, give my consent for our child _____ to attend St. Paul's Preparatory Academy, sponsored by the Faith Christian Center. I hereby agree to hold both the school and the church and their agents harmless for any liability to our child because of any injury or alleged injury to our child. Should legal action be taken for any reason against St. Paul's Preparatory Academy, Faith Christian Center, the governing bodies of the school or church, or any employees or voluntary agents thereof on my child's behalf, I agree to pay any reasonable attorney fees, court fees, damages, or other costs that St. Paul's Preparatory Academy, Faith Christian Center, its governing bodies, employees, or voluntary agents should incur to successfully defend itself/themselves against such action.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

TRANSPORTATION

I give St. Paul's Preparatory Academy permission for my child _____ to take part in all activities, including bus trips, sports activities, and program-sponsored trips away from the premises. Should legal action, for any reason, be taken against St. Paul's Preparatory Academy or the governing body of St. Paul's Preparatory Academy, I agree to pay any attorney fees, court fees, damages, awards, or other costs that St. Paul's Preparatory Academy, or its agents, or the governing body of St. Paul's Preparatory Academy, or its agents should incur to defend itself/themselves against such action.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

PROPERTY DAMAGE

Before my signing of my contract to which this is attached or forms a part thereof, I have read and understand the following expressed commitment provision: Upon the admission of my child as a student in the St. Paul's Preparatory Academy, I do hereby accept total liability for any damage caused intentionally or unintentionally by my child, _____, to any property owned by, or leased to, or otherwise used by St. Paul's Preparatory Academy or its corporate entity, Faith Christian Center, Inc. I will replace any such damaged property by equal and like kind, or I will pay St. Paul's Preparatory Academy or its aforesaid corporate entity, reasonable cost for necessary repair thereof immediately upon the determination of the total amount of such expense or expenses. I further understand and agree that I hereby waive the absence of, or limitation in the amount of, a person's legal liability as a parent or guardian under any common law or statutory law of the state of Texas or the City of Arlington.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

**A Current Credit/Debit Card is required for all campers.
(PARENTS - Fill out credit/debit card information below.)**

Name on Card: _____

Type of Card: (please circle) Visa / MC / Discover / AmEx

Card #: _____

Expiration Date: _____

V-Code: _____

Billing Zip Code: _____

Student application will not be accepted unless a valid credit card is provided at the time of registration.

For Office Use Only

Registration Date _____

Paid
Registration _____

Immunizations _____

Camp
Paulooza _____

Student
Age _____

St. Paul's Preparatory Academy
6900 US Hwy 287
Arlington, Texas 76001
817-561-3500