



**BLESSED SACRAMENT CATHOLIC SCHOOL  
SUMMER CAMP  
600 OBLATE DRIVE  
SAN ANTONIO, TEXAS 78216**

**Yes, I am interested in the Summer Camp Program for my child.**

Child's Name & Current Grade:

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Child's Name & Current Grade:

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Child's Name & Current Grade:

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Parent's Name: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please Check One**

\_\_\_\_ I will need Summer Camp for the entire summer.

\_\_\_\_ I will only need Summer Camp for a few days.

**\*\*IMPORTANT REMINDER\*\***

A \$50.00 NON-REFUNDABLE registration fee will be required for EACH child when the enrollment forms are completed.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



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Child Emergency Information

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Cell Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell Phone Number: \_\_\_\_\_

List at least 3 people who will assume temporary care of your child if you cannot be reached in case of an emergency:

1. \_\_\_\_\_  
Name Relationship Phone Number

2. \_\_\_\_\_  
Name Relationship Phone Number

3. \_\_\_\_\_  
Name Relationship Phone Number

**Important:** Children will not be released to any other adult until the following requirements are met:

- a. Parents/Guardians send written specific permission.
- b. Drivers License's must be shown.
- c. Child/children must be signed out in the sign out sheet with the time and signature.
- d. An employee of Summer Camp must be notified when the child is leaving.

**Medical Information**

Please list any health information that the Summer Camp Staff should be aware of this summer.

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Medications and dosage, if to be given during Summer Camp.

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**In Case of Medical Emergency:**

Preferred Hospital:

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Physician: \_\_\_\_\_ Phone \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician above and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements it deems necessary.

**Authorization for Emergency Medical Care**

In order to meet all legal requirements, I hereby authorize the Blessed Sacrament Catholic School and Summer Camp, to give consent for any and all emergency medical care for my child, \_\_\_\_\_, while said child is in said individual custody.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Approval for Swimming Activities

I give my permission for my child, \_\_\_\_\_, to participate in swimming activities during the Blessed Sacrament School Summer Camp

Does your child know how to swim? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child need a floating device or life vest to get in the pool? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Other Important Information:**

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