

2017

SUMMER PROGRAM APPLICATION FORM

Acct No \_\_\_\_\_



5600 25<sup>th</sup> Street S | Fargo, ND 58104

Phone: 701-893-3271

Fax: 701-356-4173

Lori Hager

Director of Admissions

701-893-3271

FATHER INFORMATION

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Custodial Parent: Yes  No  Receive Correspondence: Yes  No

MOTHER INFORMATION

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Custodial Parent: Yes  No  Receive Correspondence: Yes  No

CHILDREN ATTENDING

Child #1: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Child #2: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Child #3: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Child #4: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

ONLY THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD

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

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

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

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

EMERGENCY: *Other than parents who can make decisions regarding your child(ren)*

Primary Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Permission to use photographs in JPII publications: Yes  No

**MEDICAL INFORMATION**

<b>Child's Name</b>	<b>Allergies</b>	<b>Medical Condition</b>	<b>Medication</b>

**LIST ANY MEDICATION YOUR CHILD WILL NEED TO TAKE DURING SUMMER CAMP:**

*Does your child need reminders or someone to disperse this medication? Yes  No*

<b>Child</b>	<b>Medication</b>	<b>Dosage</b>	<b>Frequency</b>

**PERMISSION**

Parents are required to sign the waiver below allowing JPll personnel to transport and/or administer medication(s) to their child(ren) during camp hours.

As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child(ren) listed, or our heirs, successors, and assigns, to hold harmless and defend the JPll Catholic Schools, its officers, directors, employees and agents, and the Arch/Diocese of Fargo, its employee and agents, chaperones, or representatives associated with the event, from any claims arising from or in connection with my child(ren) attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, officers, employees and agents, and the Arch/Diocese of Fargo, its employee and agents, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature and Date

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## 2017 Camp Registration

Thank you for considering JPIL for your child's summer camp needs. Attached is a copy of each week's description to help you plan. We realize you have a lot of options for summer care and appreciate the opportunity to serve your family. If you have any questions, let us know.

### Registration:

Please return the completed Summer Program Application and Camp Registration information.

### Submission Options:

- Drop off at the School Office, ATTENTION: Lori Hager
- Mail to 5600 25<sup>th</sup> Street South, Fargo, ND 58104, ATTENTION: Lori Hager
- Fax to 701-356-4173
- Email to summercamp@jp2schools.org

### Cost Information

- \$170.00 per week
- \$105.00 for the week of July 5, 6 and 7

### Payment Options

- Pre-pay full amount
- Half due June 5th, Half due July 5th
- 3 Monthly Payments – deducted the 5<sup>th</sup> of each month

**Please indicate the weeks your child(ren) will be attending and return with the Summer Program Application by May 1<sup>st</sup>.** To better assist us with planning and staffing and as our Summer Adventures Program grows; please note: Effective May 1, 2017 there will be no refunds for weeks not in attendance. Any additional requests for weeks will be granted based on availability. No cost differential on partial attendance for weeks selected.

**CHILD(REN) NAMES:** \_\_\_\_\_

**Please indicate the location your child will be attending:** \_\_\_\_\_ Holy Spirit    \_\_\_\_\_ Trinity    \_\_\_\_\_ Nativity

Week	Dates	Theme	Number of Children Attending	Total Due per Week
1	May 30-June 2	Friendship Week		
2	June 5-9	Fishing Week		
3	June 12-16	Family/Heritage Week		
4	June 19-23	Theater Week		
5	June 26-30	Sports/Movement Week		
6	July 5-7 (\$105/wk)	Art/Music Week		
7	July 10-14	Science/Space Week		
8	July 17-21	Service Week		
9	July 24-28	Transportation Week		
10	July 31-Aug 4	Animal Week		
11	August 7-11	Nature/Water Week		
		<b>Attending All Weeks</b>		
<b>*** Summer Adventure Camp will be closed on July 3<sup>rd</sup> &amp; 4<sup>th</sup></b>			<b>Total Due</b>	



**SUMMER CAMP CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH  
(ACH DEBITS)**

*Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.*

**Check one:**     Begin Deposit                       Change Information

I (we) hereby authorize JP II Catholic Schools (“COMPANY”) to electronically debit my (our) account (and, if necessary, to electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account /  Savings Account (select one) at the depository financial institution named below (“DEPOSITORY”). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

***PLEASE INCLUDE A VOIDED CHECK OR DEPOSIT TICKET FOR THE ACCOUNT BELOW***

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

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name(s) on the Account: \_\_\_\_\_

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]:

Balance Due: \_\_\_\_\_

To be deducted over:         Two Payments (June 5<sup>th</sup>, July 5<sup>th</sup>)     Three Payments (5<sup>th</sup> of June, July, August)

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing that I (we) wish to revoke this authorization. I (we) understand that COMPANY requires at least 5 business days notice in order to cancel this authorization.

Name(s): \_\_\_\_\_  
*(Please Print)*

Date: \_\_\_\_\_ Signature(s): \_\_\_\_\_

***NOTE: WRITTEN CREDIT AND DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.***