



OLA Preschool Summer Camp 9am– 1pm ages 2-5

Circle, underline, or highlight desired Weeks

Week 1: 6/5/23-6/9/23 **Week 2:** 6/12/23-6/16/23 **Week 3:** 6/18/23-6/23/23, **Week 4** 6/26/23– 6/29/23

Campers 2-5 years

Child's Name _____ DOB _____ (\$200) (Wk 4 \$160)

Child's Name _____ DOB _____ \$190/2nd child) (Wk 4 \$150)

Parents' Names _____

Phone (cell/home) _____ Email _____

Home Address _____

Allergies & Special Needs _____

Emergency Contact/ Individuals authorized to pick up my child:

_____ Phone (c/h) _____

_____ Phone (c/h) _____

All campers will be required to submit a **current immunization form 3231 prior to the first day of camp.**

Return with payment (Tuition Express accepted).

Authorization and Liability Release

By signing this form, I waive any and all claims against OLA Catholic Church/Preschool, staff, independent contractors, parish staff or volunteers, and the Archdiocese of Atlanta for any accident or injury occurring to my child while participating in any activity while enrolled in OLA Preschool Summer Camp. In the event of any emergency or illness, OLA Preschool will attempt to contact me. In the event they are unable to reach me, they are authorized to secure such medical attention and care for my child by contacting EMS. I give permission for my child to be transported to Children's Healthcare of Atlanta Hospital. I agree to keep OLA Preschool informed of any changes in telephone number where I can be reached.

Signed _____ Date _____

(parent or guardian)