



**SUMMER CAMP**  
**St. Mark's Episcopal School**  
 Fort Lauderdale, est.1959

# REGISTRATION

*This form must be completed by parent or guardian and returned along with the health form and registration fee or enrollment deposit.*

## CAMPER INFORMATION

Full Name \_\_\_\_\_ T-Shirt Size (YXS, YS, YM, YL, YXL, AS, AM, AL, AXL) \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Age Group \_\_\_\_\_  
 School Attending \_\_\_\_\_ Rising Grade \_\_\_\_\_

## PARENTS OR GUARDIAN CONTACT INFORMATION

Date of Registration \_\_\_\_\_

Parent 1 \_\_\_\_\_ Parent 2 \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

## MANDATORY PASSWORD \_\_\_\_\_

Your password will be used when St. Mark's needs to verify parent or visitor's identity.

**Registration:** \$25.00 (non-refundable for all programs. See schedules and fees document for all camp pricing.)

### Weekly Sessions:

**June 3–July 26**

Please select the weeks\* for which you would like to register your child(ren).

<b>Day</b>	<input type="checkbox"/> June 3–7	<input type="checkbox"/> June 10–14	<input type="checkbox"/> June 17–21	<input type="checkbox"/> June 24–28
<b>Camp:</b>	Treasure Hunters	Jurassic World	Seuss Landing	Kilimanjaro Safari
	<input type="checkbox"/> July 1–5 (No Camp July 4)	<input type="checkbox"/> July 8–12	<input type="checkbox"/> July 15–19	<input type="checkbox"/> July 22–26
	Marvel Super Hero Island	Alien Attack	Expedition Everest	Pirates of the Caribbean

*PK2-K Campers please*

*select one of the following:*

Full Day     Half Day

### Specialty Camps:

<input type="checkbox"/> June 3–7	<input type="checkbox"/> June 10–21	<input type="checkbox"/> June 24–28
Musical Theatre Intensive	Musical Theatre Camp/Production	Art Intensive
<input type="checkbox"/> June 24–28	<input type="checkbox"/> June 3–7	
Dance Intensive	Kids Archimeds Engineering	
<input type="checkbox"/> July 15–19	<input type="checkbox"/> July 15–19	<input type="checkbox"/> July 22–26
Hobby Quest Aviators	Hobby Quest Fashion	Hobby Quest Magic
<input type="checkbox"/> June 3–7 <input type="checkbox"/> June 10–14 <input type="checkbox"/> July 1–5 (No Camp July 4) <input type="checkbox"/> July 8–12		
Kingdom Training Sports Camp	<input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	
<input type="checkbox"/> Coral Ridge County Club Combo Camp (CCRC application also required)		

**Extended Care:** Please check your need for morning or afternoon care.

\_\_\_\_\_ Morning Care 8:00 a.m. – 8:45 a.m. (\$30 per week)

\_\_\_\_\_ Afternoon Care 3:00 p.m. – 5:00 p.m. (\$60 per week)

\*All campers must pre-register to receive the above rates. Partial weeks, make-up days, drop-ins, and refunds are not applicable.



## POLICY STATEMENT

*This statement must be signed by a parent or guardian.*

Participant's Name \_\_\_\_\_

Participant's Name \_\_\_\_\_

I understand that St. Mark's has a cancellation policy on all Summer Camp fees. Only in the case of extreme medical emergency will the Administration review this policy. For an extended absence (one full week or more) due to illness or family emergency a CREDIT applicable to future sessions will be considered. Individual days missed during any session CANNOT be made up during later sessions. **THERE WILL BE NO CASH REFUNDS.**

I understand that I will not be issued a refund if my child is dismissed from the Summer Camp due to disciplinary action based on his/her behavior or misconduct. I further understand that refunds will not be issued in the event the National Hurricane Center broadcasts a "hurricane/tropical storm warning" for our area. In such a case, St. Mark's will cancel its Summer Camp for the duration of the inclement weather. Make up days will not be scheduled.

I understand that reasonable precautions are taken to insure that qualified personnel conduct the programs and activities at St. Mark's Summer Camp in a safe and responsible manner. However, I further understand that, because of the nature of some activities and regardless of supervision, there is a possibility of accidental injury. I recognize these risks and agree to allow my child(ren) to participate in the Camp. I agree to assume these risks and release and hold St. Mark's Episcopal Summer Camp, Church, School, officers, directors, employees, and agents harmless and waive any claim against St. Mark's Episcopal Summer Camp, Church, and School as to any injury that may occur to my child(ren) while attending the St. Mark's Episcopal Summer Camp.

I am responsible for payment of all program fees in accordance with the selections I have made and the dates that these payments are due. In cases where more than one party will share the expense of the program fees, the party that signs this application holds ALL financial responsibility for payment of such fees on or before the assigned due dates.

St. Mark's Summer Camp is hereby granted permission to use any individual or group photographs taken showing my child(ren) in summer activities for publicity, brochure, and/or website purposes.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_