

# Holy Trinity Catholic School Summer Camp

301 S. Second St., Bay St. Louis, MS 39520

Camp Director: Joan Ragsdale

## 2024 Camp Dates and Weekly Themes

### *Holy Trinity Summer Camp Era*

June 3 - 7	Enchanted to Meet You (Passport to the Enchanted Forest)
June 10 - 14	Cajun Folklore (Passport from Canada to Louisiana's Cajun Bayou)
July 8 - 12	Americana (Passport to the USA)
July 5 - 9	Cool Summer (Passport to Antarctica)

### Summer Camp Cost (Ages 4 - 8)

**\*No Registration Fee\***

	1 Child	2 Children	3 Children
8:00 AM - 4:00 PM	\$225	\$375	\$500

### Additional Information:

- Camp Fees must be paid in full at the time of registration. Camp fee includes lunch (June only), 2 snacks per day, camp supplies, and a t-shirt. Additional t-shirts may be purchased for \$10.00. **Registration form and fee must be submitted by May 17th if you would like a camp shirt.**
- All students must bring a refillable water bottle.
- Entrance/Exit will always be through the preschool gate on the side of the school.
- Parents must sign camper in and out each day.
- 4-5 year olds must bring a nap mat or pillow/blanket for nap time along with a change of clothes each day. **Students must be potty trained.**
- **June Dates:** Lunch will be provided by the Bay Waveland School District Free Lunch Program Mondays-Thursdays, and pizza will be provided on Fridays.
- **July Dates:** Students will need to bring their lunch Monday-Thursday. Pizza will be provided on Friday.
- All Campers should apply sunblock daily.
- Weekly calendar of activities and field trips will be distributed via email (field trip fees are included in the weekly camp fee).
- All campers will be transported to field trips by Holy Trinity's school bus.



# HTCS Summer Camp Registration 2024

Holy Trinity Catholic School  
301 S. Second Street  
Bay St. Louis, MS 39520

Phone: 228-467-5158  
www.holytrinitybsl.org

Camper's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Male/Female  
(first, last) (circle one)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade Fall of 2024: \_\_\_\_\_ School Attending Fall of 2024: \_\_\_\_\_

Please check which week(s) you will be attending:

June 3-7       June 10-14       July 8-12       July 15-19

T shirt Size: \_\_\_\_\_ I would like \_\_\_\_\_ additional T shirt(s).

Campers live with:  Both Parents       Mother       Father       Other \_\_\_\_\_

**Parent/Guardian 1 at Camper's Permanent Address:**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

**Parent/Guardian 2 at Camper's Permanent Address:**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

**Parent/Guardian at different address: (if applicable)**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_

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

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



# HTCS Summer Camp Registration 2024

Please tell us, in full, about any health, and/or developmental or behavioral conditions, including speech, occupational therapy, etc., past, present and any other pertinent information that might aid in the enhancement of your child's camp experience. Use a separate sheet as necessary. We strive to care for children with various needs, but we need your full input to succeed.

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Please list all allergies, current medication(s), vitamins, inhaler, etc. Please note that if your child requires an emergency allergy kit (i.e. EpiPen, bee sting kit or inhaler) you must supply medication labeled with the child's name and detailed instructions on our **Permission to Administer Medication** form to the summer camp office prior to your child's attendance. Kits are returned if unused.

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#### Permission & Liability Waiver:

\_\_\_\_\_, has permission to fully participate in HTCS Summer Camp activities during the 2024 session. I, as a parent/legal guardian, do hereby grant the staff of said school the right to authorize emergency medical treatment for my child in the event that I, or my designated representative cannot be reached. I agree to hold harmless HTCS and its agents from liability resulting from any and all accidents. I hereby grant permission for the staff to take whatever steps necessary to obtain emergency treatment for my child.

I understand that HTCS and their staff will not be responsible for anything that may happen as a result of false information provided by parents/guardian, or as a result of the parent/guardian's failure to provide information at the time of enrollment. I understand that the staff will not administer drug or medication without specific written and signed instructions from the child's health care provider and/or the child's parent/guardian.

Enrollment for your child in HTCS Summer Camp Program constitutes your agreement to this waiver. I understand that all emergency information on the emergency form provided must be complete before my child may attend camp. I have read and understand all policy and procedural information; including discipline, health, and payment policies.

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Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian



# HTCS Summer Camp Registration 2024

PUBLICITY RELEASE FORM (optional) I authorize HTCS to use photograph or other images of my child for public relations purposes connected to this summer camp program and future programs associated with HTCS. I understand that my child's name will not be published with an image.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*HTCS does not discriminate on the basis of gender, race, color, creed, family, structure, national or ethnic origin, sexual orientation, age, citizenship, military status, and genetic information in admissions, programs, employment, financial assistance, activities, use of facilities or privileges.

**EMERGENCY CONTACT AUTHORIZED TO PICK UP MY CHILD** (other than parents)

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 3: \_\_\_\_\_ Phone: \_\_\_\_\_

MAY **NOT** PICK UP MY CHILD: \_\_\_\_\_

**Office Check List:**

\_\_\_\_ Child Care Regulations Summary for parents form; signed

\_\_\_\_ Application filled out completely; signed

\_\_\_\_ 121 Immunization Form (up to date)

\_\_\_\_ Birth Certificate

\_\_\_\_ T Shirt Size and Additional paid for.

Office Use Only:

Date of Acceptance \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

Number of weeks? \_\_\_\_\_ Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Check Number

Office Personnel initial \_\_\_\_\_ Date: \_\_\_\_\_