



St. Philip's Preschool Summer Camp  
 June 7-11  
 July 12-16  
 9:00 – 12:00

Please circle the week(s) you would like to attend.  
 Registration for babies through age 3, including currently enrolled St. Philip's Preschool students.  
**Campers must be born after September 1, 2017, and do not have to be a student at St. Philip's to attend.**

Children's First Name, Last Name	Birthday	Age
Address	City and Zip	

Allergies or Medical Conditions
Allergies or Medical Conditions we should be aware of:

Parents/Guardians	Email	Cell Phone
Emergency Contact	Phone Number	Doctor's Phone Number

In case of medical emergency, if I am unavailable, I hereby give my permission to the Preschool Directors to secure proper treatment and/or hospitalization for my child/children.

\_\_\_\_\_  
 Signature of parent/guardian

Please enclose check payable to **St. Philip's Preschool** for \$250.00 per child (includes T-Shirt) and send to Lee Moore at 142 Church St., Charleston, SC 29401.

**T-Shirt size** \_\_\_\_\_

Contact Angela Clark or Lee Moore at 843-722-7610 or lmoore@stphilipchurchsc.org if you have any questions.

Please complete both sides



**Parent or Guardian of a Minor  
Consent and Hold Harmless Form**

*(This form should be completed for each increased risk and offsite event, and a copy should be taken on each trip.)*

Name of activity: \_\_\_\_\_ Date: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

I, \_\_\_\_\_ (printed name of parent/guardian) being the parent or legal guardian of \_\_\_\_\_ (printed name of minor) have been informed of the above activity sponsored by \_\_\_\_\_ (name of church or organization) and hereby give my consent for my minor child to participate in this activity.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold \_\_\_\_\_ (name of church or organization) its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

I also understand that my minor child is to be excluded from the following activities:

\_\_\_\_\_  
\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete both sides