

Jesuit Day Camp for Boys/ Ages 5-12

2009 Registration Form

June 1 – July 10, 2009/ 9:00a.m.-3:00p.m

All payments must be paid in full for registration.

Campers must sign up for either:

1. First 3-Week Session (June 1st – 19th), **OR**
2. Second 3-Week Session (June 22nd – July 10th), **OR**
3. All 6 Weeks to take advantage of our discounted rates.

<u># Children</u>	<u>3 Weeks</u>	<u>6 Weeks</u>
1	\$ 335.00	\$ 535.00
2	\$ 570.00	\$1,070.00
3	\$ 855.00	\$1,505.00
4	\$1,040.00	\$1,840.00

Weekly rate at \$135 per child

Price includes a \$25.00 non-refundable registration fee.

Campers will receive two official camp T-shirts, camp sports bottle, and camp bag.

Extended care available before (7:30-8:30 a.m.) and after (3:30-5:30 p.m.) for an additional charge.

Accepting Registrations Now!

Registration can be mailed in or brought to the Jesuit Switch Board.

Mail to: **Jesuit Day Camp**
Attention- Troy Baglio, Camp Coordinator
4133 Banks St.
New Orleans, LA 70119
Camp Office: (504) 483-3928

1st 3 Weeks 2nd 3 Weeks All 6 Weeks Weekly (____-____Dates)

Before Care

After Care

1) Name _____ Age ____ Shirt Size _____ Swimmer- Yes No

2) Name _____ Age ____ Shirt Size _____ Swimmer- Yes No

3) Name _____ Age ____ Shirt Size _____ Swimmer- Yes No

4) Name _____ Age ____ Shirt Size _____ Swimmer- Yes No

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Emergency Data/ Medical Insurance Information

*Medications or any medical issues: _____

Parents' Names _____

Home Address _____ City/ State/ Zip _____

Mom's Phone Numbers: (Home) _____ (Work) _____

(Cell) _____ (Email) _____

Dad's Phone Numbers: (Home) _____ (Work) _____

(Cell) _____ (Email) _____

Medical Insurance Coverage

Name (Blue Cross/ Blue Shield, etc.): _____

Company's Address _____

Policy Holder's Name _____

Policy/ Group Number _____

Family Physician _____

Address _____ Phone Number _____

Parental Consent Form

I hereby give permission for my child(ren) _____ to participate in the Jesuit Blue Jay Day Camp, including all off-campus field trips. I further understand the participant(s) officially enrolled in the camp will be insured by a commercial carrier contracted by Jesuit High School. If injured during camp activities, I will allow my child to be taken to the hospital for care. Camp administrators have my permission to dispense above listed medications.

Parent Signature: _____

Date: _____