

Holy Family Summer Camp 2026

130 Chapel Drive
Syracuse, NY 13219
(315) 484-7852

Application for Enrollment

I _____ agree to enroll my child in the Holy Family Summer Camp Program. I have read and understand all the terms and conditions listed in the parent handbook. I agree to follow the policies listed in the parent handbook and acknowledge that failure to comply with these policies may result in the termination of the contract.

Child's Name(s): _____

Please circle the weeks your child will be attending the program:

July 13-17th
July 20-24th
July 27-31st

August 3-7th
August 10-14th

Time of arrival: _____ Time of Departure: _____
Weekly Tuition \$ _____

** All billing is done weekly; receipts will be given at the end of the summer upon request. Billing is done all online. You will receive an invoice through email at the end of each week.

Additional Information:

Parent's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

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Child's Name(s):

Birth date(s):

Address: _____

Home phone number: _____

Parent contact info:

Name: _____ Cell phone: _____ Work phone: _____

Employer: _____ Email address: _____

Name: _____ Cell phone: _____ Work phone: _____

Employer: _____ Email address: _____

Parents are Married Separated Divorced

Emergency contacts: The following people are authorized to pick up my child or be contacted in case of an emergency when the parent cannot be contacted.

Name: _____ Relationship: _____ Number: _____

Name: _____ Relationship: _____ Number: _____

Authorized pick-up list: The following people are authorized to pick my child up when the parent is unable to do so.

Emergency Information

Family Physician: _____ Phone: _____

Does your child have any allergies? _____

Does your child have any disabilities or special needs? _____

Does your child have any physical limitations? _____

It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent, or we need to get immediate medical care. Our procedure is to call 911 and have the child transported by ambulance. By signing below you give permission for our staff to act on your behalf.

I hereby give consent for my child(ren), listed above, to be taken to the nearest emergency center when he/she is ill or injured, by the director or other appointed staff when it is deemed necessary.

Parent's signature: _____

Date: _____

Director's Signature: _____

Date: _____

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I give my child(ren) _____ permission to participate in any activities planned by the Holy Family Summer Camp staff, including daily walks to the surrounding neighborhood.

I understand that my child will participate in daily walks to the surrounding neighborhood.

I understand that enrollment is for a minimum of three days per week. I also understand that I am billed based on my registration contract, not the days my child attends.

I understand that the Director has the right to cease care if the program is not the right fit for a child.

Parent's Signature: _____ Date: _____

Photography:

___ I give permission for my child's picture to be taken and used for **publicity purposes**.

___ My child may be identified by name

___ My child may not be identified by name

School Photography Use

___ I give permission for my child's picture to be taken for **Holy Family's** (Childcare, Parish, and School) use only (such as, but not limited to, collages, bulletin boards, kids projects, website)

___ My child may be identified by name

___ My child may not be identified by name

Parent's Signature: _____ Date: _____

Director's Signature: _____ Date: _____