



ST THOMAS MORE SCHOOL

Summer Day Camp Registration

3515 So. 48th Ave. Omaha, NE 68106
Phone: 402-551-9504/ Fax: 402-551-9507



Child(ren) Name: _____ Parent Email: _____

Summer Day Camp

Offered to St. Thomas More families who currently have students in our 2nd, 3rd, and 4th grades.

Please choose an option:

- Full Day 9am-3pm: \$135/week per child
- Half day 9am-12pm: \$90/week per child

Choose your day camp weeks:

- June 5-9 Water Week/Nature Camp
- June 12-16 Cooking with Kids Camp
- June 19-23 Amazing Animals Camp
- June 19-23 Photography I (3rd & 4th)
- June 26-30 Sports Camp
- June 26-30 Photography II (3rd & 4th)
- July 17-21 Art Camp



***Full Day Campers** will need to bring a sack lunch.

***Photography camp** will be offered for 3rd & 4th graders only.

*This registration form (front and back), registration deposit, and Children's Record must be submitted to complete this registration.

Spots are limited and will be filled on a first come first serve basis

STM Summer Day Camp Payment Information

- A non-refundable **\$20 deposit per child/per week** is required to secure your child(ren) spot at the time of registration. The \$20 deposit per child per week will go towards your weekly cost.
- Weekly payments for Summer day camp must be paid in full prior to/or at **Monday morning drop-off** of the session your child is enrolled in.

Payment Options

- Checks made out to OCSC (Omaha Catholic Schools Consortium)
- Cash/exact change only
- If you would like to pay for your child's summer day camp in advance for all sessions, you have the option of using a credit card (additional 3% fee applies) or debit card (no extra fee) by calling the school office by Friday, May 26th.
- Returned payments/non-sufficient funds will be assessed a \$25 return payment fee.
- Registration payments and deposits are non-refundable.

St. Thomas More Parental Permission Form and Release of Liability for St. Thomas More Summer Day Camp.

I, _____, am the parent and/or legal guardian of

_____, a minor child under the age of 18 years. I would like to have my child participate in the St. Thomas More Summer Program (the PROGRAM) which will take place from June 5, 2023 to July 28, 2023.

In consideration for my child being allowed to participate in this PROGRAM, I the undersigned, acknowledge, appreciate and agree that:

1. This PROGRAM affords my child the opportunity to participate in a wide range of academic, physical, play and other activities. I choose to voluntarily allow my child to participate in this PROGRAM. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.

2. I certify that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my child's participation in this PROGRAM. I agree to pay for any medical costs that exceed the limits of my insurance coverage. I do not have medical insurance, but understand the St. Thomas More is not responsible for medical expenses that may directly or indirectly result from my child's participation in this PROGRAM.

3. I certify that my child is physically fit to participate and I know of no medical reason why my child should not participate.

4. I hereby release, waive, and discharge St. Thomas More School, Parish and all its Boards, its officers, agents, employees, affiliates and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child's participation in this PROGRAM, whether caused by negligence of St. Thomas More School, Parish and all its Boards, its officers, agents, employees, affiliates and representatives. I also agree to indemnify and hold harmless the St. Thomas More School, Parish and all its Boards, its officers, agents, employees, affiliates and representatives for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in this PROGRAM. I choose to voluntarily allow my child to participate in this PROGRAM. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED HEREIN, AND TO DISCUSS ANY QUESTIONS OR CONCERNS I MAY HAVE WITH ST. THOMAS MORE SCHOOL OR ITS AFFILIATE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

Signature of Parent and/or Legal Guardian

Date