



Jude Student Ministry's Summer Program Registration Form



2025 Summer Program Dates

June 16th to the 20th and June 23rd to the 27th, 2025

9:00 AM to 4:00 PM

(PLEASE PRINT)

Child's Name: _____ Child's Age: _____

Address: _____

Zip Code: _____

Program Cost Per Child Per Week: ((\$300.00)) Paid By: Check _____ Cash _____ Received: _____

Attending Both Weeks: Yes: _____ or Attending the Week of: June 16th to the 20th _____ or June 23rd to the 27th _____

Please Check the Grade Your Child Will Be Going Into for the Next School Year Starting In the Fall

Kindergarten _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____

SHIRT SIZE: Children's XS _____ Children's Small _____ Children's Medium _____ Children's Large _____ Children's XL _____

(Family / Contact Information)

Home Phone: _____ Email Address: _____

Father's Name: _____ Cell Number: _____

Mother's Name: _____ Cell Number: _____

(Emergency Contact Information)

In The Event of an Emergency, I _____ The Parent / Guardian Give Permission for the

Individual Listed To Be Contacted: _____

SIGNATURE

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

(Individual " Besides the Parents " Allowed To Pick-Up / Transport Child from the Summer Program)

I, _____ The Parent / Guardian Give Permission to the Individual Listed to

Pick-Up / Transport My Child: _____

SIGNATURE

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Waiver and Medical Release

(PLEASE PRINT)

Child's Name: _____ Child's Age: _____

Home Phone: _____ Email Address: _____

Father's Name: _____ Cell Number: _____

Mother's Name: _____ Cell Number: _____

(Medical History)

- Is your child's immunizations current – please circle: Yes No Last TETANUS Shot (year) _____
- Does your child have any allergies or medical conditions ? (Drug – Food – and or – Environmental) Yes No
If yes, please list and explain in detail

Medical Insurance Provider & Policy #: _____

Child's Doctor's Name & Phone #: _____

Will your child need to take medication while at the Summer Program ? Please Circle: Yes No

If yes, please indicate what medicine – How Many (Pills) – How Often – Reason for Medications: _____

Please Note: Summer Program Director / Adult Program Volunteers will not allow your child to take any medications in a manner which is different than what the medicine container or prescription container instructs. ALL MEDICINES MUST BE IN THE ORIGINAL CONTAINER ! THIS INCLUDES ANY NON-PRESCRIPTION DRUGS.

Please Note: All medicines, prescriptions and nonprescription, will be dispensed by either the Summer Program Director or an Adult Program Volunteer. Your children will not be allowed to keep their medications with them.

(RELEASE)

I, the parent / guardian, hereby give approval for my child to attend the Summer Program at St. Jude Parish, Tequesta and relieve the Summer Program at St. Jude Parish, the Catholic Parish of St. Jude, Tequesta, the Catholic Diocese of Palm Beach and all affiliated staff and volunteers from any and all liability for sickness, accidents or injuries while attending or being transported to/from the program facilities. In the event of an emergency and I cannot be contacted, I give my consent to the Program Director to authorize medical help on site or at an appropriate medical facility.

Parent / Legal Guardian's Name (Please Print)

Signature of Parent / Legal Guardian

Date

PLEASE NOTE: EVERY CHILD WILL BE TESTED EACH MORNING UPON ARRIVAL WITH A HAND HELD FOREHEAD THERMOMETER!! ANY CHILD WITH AN ELEVATED TEMPERATURE WILL NOT BE ALLOWED TO STAY AND SENT HOME