



**St. Joseph Montessori School is pleased to partner with the Columbus Children's Choir to present Summer Singers Choral Day Camp July 25-29, 2022.**

Singers of all levels of experience, entering grades 4-8 develop vocal technique and musicianship skills in a fun and engaging setting. Camp includes interactive experiences with music reading, movement/drama, drumming, and ukulele and ends with a performance for family and friends. Lead Teacher: Jeanne Wohlgamuth Choir Director - Kelsey Burkett; Drumming - Tracy Conway; Ukulele - Rachel Fox; Movement or drama - TBD.

Student Name:		Grade for the 22/23 School Year:	
Parent Name:			
Address:			
City:	State	Zip	
Cell Phone:		Work Phone:	
Email:			

**UPPER ELEMENTARY AND MIDDLE SCHOOL (4TH - 8TH GRADE) PLEASE SELECT ONE**

- |                          |  |       |
|--------------------------|--|-------|
| <input type="checkbox"/> | Full Day 8:00am-3:30pm<br>(or any time during hours) | \$300 |
| <input type="checkbox"/> | Full Day plus After Care<br>3:30pm-5:00pm            | \$350 |

Payment for Summer Singers Choral Day Camp can be made by check made payable to SJMS or by calling the school at (614) 291-8601 to pay by credit card.

Total Payment Amount: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Camp deposits are non-refundable after June 3, 2022.**

*SJMS Office Use Only:*

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Payment Received: Yes / No

All Forms Received: Yes / No



**St. Joseph Montessori School Summer Learning Camp  
Emergency Form**

*Please fill out one form per child. Please print clearly.*

Name of Student
Address
Grade Level:
Home Phone:

**Parent Contact Information**

Parent Name:	Parent Name:
Phone 1:	Phone 1:
Phone 2:	Phone 2:

**If parents are not available, please contact the following authorized emergency contacts:**

*We must have three additional emergency contacts*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list any allergies or medication: \_\_\_\_\_

*Summer Learning Camp cannot dispense ANY medication without a doctor's consent form on file. Consent forms can be found at [sjms.net](http://sjms.net) under the "Forms" tab as Permission to Administer Medication or you may contact the office.*

**TO GRANT CONSENT**

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the (1) the administration of any treatment deemed necessary by the above-named doctor, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital accessible.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**REFUSAL TO CONSENT**

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Permissions

## Goings Out Permission

I give permission for my child, \_\_\_\_\_, to:

Go on walking field trips in the area around the school.

Ride the COTA bus to attend field trips that are not walking distance.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Sunscreen Permission

I give permission for my child, \_\_\_\_\_, to wear sunscreen. I understand that I will provide sunscreen with my child's name clearly printed on the bottle. **NO SPRAY SUNSCREEN! LOTION ONLY.** This is how I would like sunscreen applied.

Please allow my child to apply his/her own sunscreen, as needed.

Please apply sunscreen on my child as needed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Photography & Use of Work Permission

I, \_\_\_\_\_, give permission for St. Joseph Montessori School and Columbus Children's Choir to use, in whole or in part: (initial all that apply)

Photographs, videos, voice recordings, drawings, and writings of my student, including but not limited to in its publications, promotional materials, social media, and websites. Student's names will not be used in connection with any of the above unless special permission is granted.

My student's academic, athletic, and other achievements in its publications, promotional materials, social media, and websites or for notification to news outlets. Students' names will not be used in connection with any of the above unless special permission is granted.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Camp Shirts

St. Joseph Montessori School will provide one camp shirt per camper each summer, additional camp shirts may be purchased for \$10 each by contacting the SJMS office. While it is not required, we encourage your child to wear their SJMS camp shirt for all going's out. Please select your child's camp shirt size.

| YS | YM | YL | YXL | AS | AM | AL | AXL