### \*Campers can only miss up to three days during camp\*



Referral Source:	
Date Received:	( office use only)

Deadline Date: June 14, 2019 (NO EXCEPTIONS)

# TCV Community Services (PREVENTION SUMMER CAMP) AGES 7~12 CAN REGISTER

MAILING ADDRESS: 1800 West Street 4th Floor, Homestead, PA 15120 (412) 464-1522 Ext 2351 CAMP LOCATION: St. Coleman's Catholic Church, 100 Tri Boro Expy Turtle Creek, PA (412) 823-2564 CAMP APPLICATION FORM (Please print)			
irst Name	MI	Last Name	
First Name Date of Birth	Age:	Male or Female: I	M / F (circle one)
chool Attending:			
Grade Entering in SEPT 2	019		
street Address		<b>P</b> .	
Street Address City / State Home Phone		Z1	p
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~!!!aii			<del></del>
Mother's Name Daytime Phone		Call Phone	
latharla Nama			
'ather's Name		Cell Phone	<del></del>
n Case of Emergency Co	\ itact (other than nare	nt).	Phone
hysician Name	Pho	ne	THORE
nsurance Company	1110	ID#	
ALLERGIES CHILDREN WITH BEE ST		_	
ertify that he/she is in good	l's attendance and parti I health and able to par	cipation in the activicipate in all progra	ities of TCV summer camp and um activities. I authorize that th
	ereby waive and release	TCV and its officers	requiring medical attention for s and subcontractors from all
ignature of Parent/Guar	dian		Date

#### CAMP DATES: Tuesday July 9- Thursday August 15, 2019 Camp meets on Tuesday, Wednesday and Thursday 10:00 AM - 2:00 PM

Transportation can be provided from your home to St. Coleman's Church if necessary. ONLY IF YOU LIVE IN BRADDOCK, SWISSVALE, HOMESTEAD, MUNHALL, RANKIN, OR TURTLE CREEK

#### TRANSPORTATION NEEDED? (YES/NO)

It is MANDATORY that all campers wear their camp T-shirt on all field trips.

Camper shirt size (Circle one)

Youth S (6~8) M (10~12) L (14~16) Adult S, M, L, XL, XXL (Youth Sizes do run small)

Please have your child take any medications before camp. Staff is not permitted to pass out or distribute medication under any circumstance.

#### Terms of Enrollment

- 1. The camp may dismiss any camper whose behavior is deemed to be detrimental to the safety and well being of themselves and others.
- 2. Permission is granted to reprint any camp photographs or video images in which my child appears for display or brochure purposes.
- 3. Permission is granted to transport camper to field trips each week of camp.
- 4. All changes must be submitted in writing.5. Transportation is to and from the same location.

Signature of Parent/Guardian

Date

## PLEASE RETURN COMPLETED FORMS BY June 14, 2019 TO:

Jim Phillips, Manager of SAP/Prevention 1800 West Street-4th Floor Homestead, PA 15120

If you have any questions call 412~464~1522 Ext. 2351 (Office) 412~862~5565 (Jim Phillips Cell)

This is NOT a Therapeutic Camp-Please refer the child to an appropriate therapeutic camp if needed.

> MANDATORY Parent Orientation Night All Parents/Guardians Must Attend Thursday June 27, 2019 6:00pm~7:00pm St. Colman's Church in Turtle Creek Refreshments/Snacks will be available