

Camp Paulooza

2021

June 1 – July 30

8:00 am – 6:00 pm

Age 2 – (entering) Grade 6

For SPPA Students and FCC Children



\$30 enrollment fee

\$175 per week

Space is limited so applications will be accepted on a “first come, first serve” basis.

- Applications must be complete in order for place in class to be reserved.
 - Current immunizations must be presented at time of enrollment.
- All payments are due at least one week in advance. If payment has not been made, the credit card on file will be charged the Friday before the next week’s camp begins. Fees are non-refundable, non-transferable, and will not be pro-rated for any reason.
- Due to limited space, parents will be responsible for payment of registered weeks.

****Applications may be printed from the St. Paul’s website. Please complete and email back to the school office at richards@stpaulsprep.com.**

St. Paul's Camp Paulooza Registration 2021

Student _____
Last First Middle

Street City State Zip

Parent Daytime Phone Other Phone

Emergency Contact Daytime Phone Other Phone

Parent Email Address Alternate Email Address

School Last Attended Grade Entering (2021-2022) Age on June 1

List all child's diagnosed allergies and treatments needed. A Physician's Note may be required in school office.
(Ask about allergy policy before registering)

_____ Male Female
Date of Birth

Church Pastor

Check the Camp Paulooza Weeks you are registering for:

Camp Paulooza 2021

___ Week 1: June 1-4 (Down on the Farm)

___ Week 2: June 7-11 (Under the Sea)

___ Week 3: June 14-18 (Discovering Dinosaurs)

___ Week 4: June 21-25 (Explosion of Art)

___ Week 5: June 28-July 2 (Scientists Laboratory)

___ Week 6: July 6-9 (Closed July 5 – Mystery Island)

___ Week 7: July 12-16 (Kids in the Kitchen)

___ Week 8: July 19-24 (Amazing Authors)

___ Week 9: July 26-30 (Beach Bonanza)

*****Due to limited space, parents will be responsible for payment of registered weeks.**

*****There is one full week's notice required on all cancellations in order to avoid being charged.**

*****Credit card will be charged on the Friday before each camp begins.**

EMERGENCY MEDICAL AUTHORIZATION

I hereby authorize the agents of St. Paul's Preparatory Academy to give consent for any and all necessary medical care for my child _____ while the said child is involved in any St. Paul's Preparatory Academy program. Should legal action, for any reason, be taken against St. Paul's Preparatory Academy or the governing body of St. Paul's Preparatory Academy, I agree to pay any attorney fees, court fees, damages, awards, or other costs that St. Paul's Preparatory Academy, or its agents, or the governing body of St. Paul's Preparatory Academy, or its agents should incur to defend itself/themselves against such action.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

SELF-ADMINISTRATION OF INHALER BY STUDENT

St. Paul's Preparatory Academy is hereby authorized to allow my child _____ to carry his prescribed inhaler on his person at all times. It is understood that this privilege will be revoked if the inhaler is used by anyone other than the child to whom it is prescribed. I acknowledge that this medication is not dangerous if used inappropriately by others. Brand name of prescribed inhaler, _____

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Physician's Signature

Date

If the physician's signature cannot be obtained, a copy of the prescription must be attached to this application.

WAIVER OF LIABILITY

I, the undersigned parents, give my consent for our child _____ to attend St. Paul's Preparatory Academy, sponsored by the Faith Christian Center. I hereby agree to hold both the school and the church and their agents harmless for any liability to our child because of any injury or alleged injury to our child. Should legal action be taken for any reason against St. Paul's Preparatory Academy, Faith Christian Center, the governing bodies of the school or church, or any employees or voluntary agents thereof on my child's behalf, I agree to pay any reasonable attorney fees, court fees, damages, or other costs that St. Paul's Preparatory Academy, Faith Christian Center, its governing bodies, employees, or voluntary agents should incur to successfully defend itself/themselves against such action.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

TRANSPORTATION

I give St. Paul's Preparatory Academy permission for my child _____ to take part in all activities, including bus trips, sports activities, and program-sponsored trips away from the premises. Should legal action, for any reason, be taken against St. Paul's Preparatory Academy or the governing body of St. Paul's Preparatory Academy, I agree to pay any attorney fees, court fees, damages, awards, or other costs that St. Paul's Preparatory Academy, or its agents, or the governing body of St. Paul's Preparatory Academy, or its agents should incur to defend itself/themselves against such action.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

PROPERTY DAMAGE

Before my signing of my contract to which this is attached or forms a part thereof, I have read and understand the following expressed commitment provision: Upon the admission of my child as a student in the St. Paul's Preparatory Academy, I do hereby accept total liability for any damage caused intentionally or unintentionally by my child, _____ to any property owned by, or leased to, or otherwise used by St. Paul's Preparatory Academy or its corporate entity, Faith Christian Center, Inc. I will replace any such damaged property by equal and like kind, or I will pay St. Paul's Preparatory Academy or its aforesaid corporate entity, reasonable cost for necessary repair thereof immediately upon the determination of the total amount of such expense or expenses. I further understand and agree that I hereby waive the absence of, or limitation in the amount of, a person's legal liability as a parent or guardian under any common law or statutory law of the state of Texas or the City of Arlington.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

NON-DISCRIMINATION POLICY

St. Paul's Preparatory Academy does not discriminate on the basis of race, color, or national or ethnic origin in the admissions process or in the administration of its policies and programs. Admissions are contingent upon available space, philosophy, and the willingness of the family to abide by school guidelines. The parents or guardians of a student shall commit to conducting themselves in a manner consistent with Biblical teaching on parenting.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

**** A Current Credit/Debit Card is required for all campers.**

(PARENTS - Fill out credit/debit card information below.)

Name on Card: _____

Type of Card: (please circle) Visa / MC / Discover / AmEx

Card #: _____

Expiration Date: _____

V-Code: _____

Billing Zip Code: _____

Student application will not be accepted unless a valid credit card is provided at the time of registration.

For Office Use Only

Registration Date _____

Paid
Registration _____

Immunizations _____

Camp
Paulooza _____

Student
Age _____

St. Paul's Preparatory Academy
6900 US Hwy 287
Arlington, Texas 76001
817-561-3500

St. Paul's Preparatory Academy
Enrollment Waiver 2021

The undersigned parent or guardian of the child or children listed below my signature acknowledges to me that St. Paul's Preparatory Academy has represented it will conduct Camp Paulooza during Summer, 2021, as it has in the past without masks or social distancing. The undersigned further acknowledges that an opportunity to investigate governmental recommendations to know the difference in how camp will be conducted in comparison to others has been afforded and either after doing this or choosing not to, I have decided to enroll my child or children understanding the risks.

With this understanding, the signatory agrees to permit each child listed below to enroll and not to make any claim or file any lawsuit against St. Paul's Preparatory Academy should the student contract any communicable disease. The signatory further agrees to fully indemnify and make whole St. Paul's Preparatory Academy for the reasonable and necessary costs of responding to a claim or suit filed by the signatory.

Signatory acknowledges this waiver has been read, understood and an opportunity to have it read by a lawyer of signatory's own choosing before signing this waiver.

Signed this ____ day of _____, 2021.

Parent or Guardian

Parent or Guardian

Student

