



# HTCS Summer Camp Registration 2025

Holy Trinity Catholic School  
301 S. Second Street  
Bay St. Louis, MS 39520

Phone: 228-467-5158  
<https://www.holytrinitybsl.org/>

Camper's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Male/Female  
(first, last) (circle one)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade Fall of 2025: \_\_\_\_\_ School Attending Fall of 2025: \_\_\_\_\_

Camper T-Shirt Size: \_\_\_\_\_ Number of Extra Shirts: \_\_\_\_\_  
\*Extra Camp Shirts are available for purchase for \$10 each

Please check which week(s) you are interested in attending:

June 16-19     June 23-26     July 7-10     July 21-24

Person Responsible for Payments: (Print Name) \_\_\_\_\_

Please circle payment method: Cash    Check (check number \_\_\_\_\_)    Charge to Facts

Camper lives with:  Both Parents     Joint Custody     Mother     Father     Other \_\_\_\_\_

-----  
**Parent/Guardian 1 at Camper's Permanent Address:**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian 2 at Camper's Permanent Address:**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian at different address: (if applicable)**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ St. \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_



# HTCS Summer Camp Registration 2025

Email: \_\_\_\_\_

Please tell us, in full, about any health, and/or developmental or behavioral conditions, including speech, occupational therapy, etc., past, present and any other pertinent information that might aid in the enhancement of your child's camp experience. Use a separate sheet as necessary. We strive to care for children with various needs, but we need your full input to succeed.

---

---

Please list all allergies, current medication(s), vitamins, inhaler, etc. Please note that if your child requires an emergency allergy kit (i.e. EpiPen, bee sting kit or inhaler) you must supply medication labeled with the child's name and detailed instructions on our **Permission to Administer Medication** form to the summer camp office prior to your child's attendance. Kits are returned if unused.

---

---

Permission & Liability Waiver:

\_\_\_\_\_, has permission to fully participate in HTCS Summer Camp activities during the 2025 session. I, as a parent/legal guardian, do hereby grant the staff of said school the right to authorize emergency medical treatment for my child in the event that I, or my designated representative cannot be reached. I agree to hold harmless HTCS and its agents from liability resulting from any and all accidents. I hereby grant permission for the staff to take whatever steps necessary to obtain emergency treatment for my child.

I understand that HTCS and their staff will not be responsible for anything that may happen as a result of false information provided by parents/guardian, or as a result of the parent/guardian's failure to provide information at the time of enrollment. I understand that the staff will not administer drugs or medication without specific written and signed instructions from the child's health care provider and/or the child's parent/guardian.

Enrollment for your child in HTCS Summer Camp Program constitutes your agreement to this waiver. I understand that all emergency information on the emergency form provided must be complete before my child may attend camp. I have read and understand all policy and procedural information; including discipline, health, and payment policies.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian



# HTCS Summer Camp Registration 2025

PUBLICITY RELEASE FORM (optional) I authorize HTCS to use photograph(s) or other images of my child for public relations purposes connected to this summer camp program and future programs associated with HTCS. I understand that my child's name will not be published with an image.

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

\*HTCS does not discriminate on the basis of gender, race, color, creed, family, structure, national or ethnic origin, sexual orientation, age, citizenship, military status, and genetic information in admissions, programs, employment, financial assistance, activities, use of facilities or privileges.

**EMERGENCY CONTACT AUTHORIZED TO PICK UP MY CHILD** (other than parents)

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 3: \_\_\_\_\_ Phone: \_\_\_\_\_

MAY **NOT** PICK UP MY CHILD: \_\_\_\_\_

\*HTCS will not release a camper to an individual not listed above or identified through this form as a parent or guardian without written notice provided to the camp director or the HTCS office.

**Office Checklist:**

\_\_\_\_\_ Child Care Regulations Summary for parents form; signed

\_\_\_\_\_ Application filled out completely; signed

\_\_\_\_\_ 121 Immunization Form (up to date)

\_\_\_\_\_ Birth Certificate

Office Use Only:

Date of Acceptance \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

Paid \_\_\_\_\_: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Check Number \_\_\_\_\_ Charge to Facts

Office Personnel initial \_\_\_\_\_ Date: \_\_\_\_\_