

Camp Paulooza

2024

June 3 – August 2
(Closed July 4th)

8:00 am – 6:00 pm
Age 2 – (entering) Grade 6

For SPPA Students and FCC Children



\$30 application fee
\$185 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.

****Please return completed application along with \$30 fee to the SPPA School Office. Please email richards@stpaulsprep.com with any questions.**

St. Paul's Camp Paulooza Registration 2024

Student

Last

First

Middle

Street

City

State

Zip

Parent

Daytime Phone

Other Phone

Emergency Contact #1 – Other than Parent (Required)

Daytime Phone

Address of Emergency Contact

Emergency Contact #2 – Other than Parent (Required)

Daytime Phone

Address of Emergency Contact

Parent Email Address

Alternate Email Address

School Last Attended

Grade Entering (2024-2025)

Age on June 3

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 2024

___ Week 1: June 3-7 (Knights of Mystery)

___ Week 2: June 10-14 (Color Challenge)

___ Week 3: June 17-21 (Jammin for the Ham)

___ Week 4: June 24-28 (Winter Wonderland)

___ Week 5: July 1-5 (Fun, Friends, and Fireworks – Closed July 4)

___ Week 6: July 8-12 (Pirates Week)

___ Week 7: July 15-19 (Camping with Friends)

___ Week 8: July 22-26 (Classic Toon Adventures)

___ Week 9: July 29-August 2 (Hawaiian Hullabaloo)

*****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

- **Before submitting this application to St. Paul's Preparatory Academy, please read it thoroughly and check to see that ALL blanks have been filled in and ALL signature lines have been signed.**
- **If a question does not apply write N/A in the blank.**
- **A copy of child's current immunization record must be on file in the school office. If one is not on file please turn in with application.**
- **Your answer to gender following 'Date of Birth' must be the gender at birth as determined by physical examination immediately following delivery. Please be advised that no child will be treated differently from any other child of the same gender as determined at birth.**

****A Current Credit/Debit Card is required for all campers.**
(Camp Paulooza staff does not have access to credit cards on file in the Finance Office.)

(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 2024

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, 2024, 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 _____, 2024.

Parent or Guardian -Mother

Parent or Guardian - Father

Student Name

