



**KILLONA COMMUNITY CENTER
ST. ROSE COMMUNITY CENTER
BOUTTE COMMUNITY OUTREACH PROGRAM, INC.**



Camp: Monday - Thursday 9:00 am - 3:00 pm
June 1, 2026 - July 9, 2026
Ages 5 - 12 (must be 5 by 5/1/2026)

STUDENT INFORMATION

Full Name _____
 Date of Birth ____ / ____ / ____ Place of Birth _____
 Gender Male Female School/Grade Completed _____
 Home Address _____
 City _____ Zip Code _____
 Phone Number _____ Email _____

CONTACT INFORMATION

Parent/Guardian Name _____
 Home Phone _____ Work/Cell Phone _____
 Emergency Contact Name _____ Emergency Phone _____
 Relationship to Student _____ Alternate Phone _____

MEDICAL INFORMATION

Does your child suffer from a health condition that threatens their life? Yes No
 If yes, please explain _____

 Is your child in need of medication at Summer Enrichment? Yes No
 If yes, please explain _____

 Do you have any other medical issues we should know about your child? Yes No
 If yes, please explain _____

Child can be released to:

Please include a copy of your child's final report card and health insurance card with your application.

Parent Signature _____
 _____ / ____ / ____

Summer Enrichment
Price: \$200.00 due by Monday, 5/1/2026
NO EXCEPTIONS
Includes:

- 6 weeks of continued education
- crafts
- lunch
- 2 snacks per day
- 4 field trips
- camp t-shirt



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Student Name: _____

PHOTO RELEASE

I hereby grant permission for my child to be photographed during the Boutte Community Outreach Program, Inc., Triumphant Church, and the Killona & St. Rose Community Center Summer Enrichment Program. I understand that photographs, video recordings, and quotes from participants may be used for publicity and promotional purposes related to the program.

I understand that I will not receive any compensation for the use of these photographs or statements. I also understand that all photographs and media taken during program activities are the property of the St. Charles Parish Council and its affiliates.

Parent/Guardian Signature: _____

Date: _____

TRANSPORTATION

I hereby give permission for my child to be transported for official activities related to the Boutte Community Outreach Program, Inc. Triumphant Church, and the Killona & St. Rose Community Center Summer Enrichment Program. I understand that transportation may be provided by various modes of transportation approved and arranged by the program organizers.

I acknowledge that all reasonable precautions will be taken to ensure the safety of participants during transportation to and from program-related activities.

Parent/Guardian Signature: _____

Date: _____

DAMAGE PROPERTY

The Boutte Community Outreach Program, Inc., Triumphant Church, and the Killona & St. Rose Community Center Summer Enrichment Program, along with its co-organizers, are not responsible for any lost, stolen, or damaged personal property belonging to participants.

Parent/Guardian Signature: _____

Date: _____

MEDICAL RELEASE

In the event of an emergency, and if the family physician cannot be reached, I hereby authorize my child to receive medical treatment from Certified Emergency Personnel (i.e., EMTs, First Responders, and/or a licensed Physician).

Parent/Guardian Signature: _____

Date: _____

GENERAL

All scheduled activities and events are subject to change. I understand and agree that no fees will be refunded or transferred due to behavioral or disciplinary issues involving my child.

Parent/Guardian Signature: _____

Date: _____

