

# SAINTS' SPIRIT DAYS REGISTRATION FORM

To register for all or a portion of the LCA Saints' Spirit Days Summer Day Camp Program, please complete the form below in full and return it, along with your one-time, non-refundable deposit of \$75 per child (\$100 after April 4), to the LCA Main Office by Friday, April 4. Note that fees for individual days are also subject to the deposit, due upon registration.

Child's Name: \_\_\_\_\_ Grade in Fall 2025: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Parents' Names: \_\_\_\_\_ Parent 1 Email: \_\_\_\_\_ Parent 2 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Parent 1 Cell Phone: \_\_\_\_\_ Parent 2 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I give my child permission to attend the LCA Saints' Spirit Days program and permission to participate in all program activities, field trips and trips to Foster Pool. I also authorize emergency medical treatment for my child in the event I cannot be reached. Please sign below:

Parent 1: \_\_\_\_\_ PLEASE PRINT AND SIGN WITH INK. Date: \_\_\_\_\_  
 Parent 2: \_\_\_\_\_ PLEASE PRINT AND SIGN WITH INK. Date: \_\_\_\_\_

## CAMP OPTIONS:

Please choose either the full program, weekly sessions or individual days. (Please complete a separate form for each camper.)

**OPTION 1: Full Program (\$3,640 total)**                      11-week program, June 4 – August 15 (all 11 weeks)

**OPTION 2: Full Weekly Sessions (\$350/week for weeks 2, 4, 6-9 & 11; \$340/week for weeks 3 & 5; \$255/week for weeks 1 & 10)**

Jun. 4–6	GARDEN EXPLORERS	—
Jun. 9–13	ANIMAL KINGDOM	Zoo
Jun. 16–18 & 20	MAGICAL CREATURES	— (No Camp Jun. 19)
Jun. 23–27	STEM: INVENTORS WORKSHOP	Zoo
Jun. 30 – Jul. 3	SAINTS GIVE BACK	Prayers from Maria Ice Cream
Jul. 7–11	OLYMPIC GAMES	Crushers Game
Jul. 14–18	STRIKE INTO FUN	Bowling at Fairview Lanes
Jul. 21–25	UNDERWATER WORLD	Huntington Beach
Jul. 28 – Aug. 1	FARMYARD FUN	Stearns Homestead Farm
Aug. 6–8	TIME WARP WEEK	—
Aug. 11–15	SUMMER FINALE FESTIVAL	Swings-N-Things

**OPTION 3: Individual Days (\$85 per day)**

My child will attend LCA's Saints' Spirit Days on these days only:					
Camp Week	Check All Days Attending				
	Mon.	Tues.	Wed.	Thurs.	Fri.
Jun. 4-6					
Jun. 9-13					
Jun. 16-18 & 20					
Jun. 23-27					
Jun. 30-Jul. 3					
Jul. 7-11					
Jul. 14-18					
Jul. 21-25					
Jul. 28-Aug. 1					
Aug. 6-8					
Aug. 11-15					

**To complete registration, please return to the Care Program office:**    This Form    Registration Fee    Automatic Payment Form  
 Emergency Medical Form    Field Trip, Lakewood Park, Lakewood Pool, and Lakewood Library Permission Forms

**Pool Pass #** \_\_\_\_\_ (If applicable) Please turn in pool pass number to Carolyn Ciryak by May 30.

**T-Shirt Size** \_\_\_\_\_ (Youth Small / Medium / Large / XL or Adult Small)

**I agree to pay camp fees by (check one):**

**Check:** You will receive a monthly invoice; payment by check is due in the Summer Day Camp Office by the 15th of the following month during which your child attends camp.

**Automatic ACH withdrawal:** You will receive a monthly notice of your scheduled payment; your account will be debited for fees on the 15th of any month after which your child attends camp.

**LCA FACTS Account**

PRINT AND  
INITIAL

Please initial here                      WITH INK.

**PHOTO RELEASE - 2025 SUMMER CARE PROGRAM**

I give my permission to Lakewood Catholic Academy School to use photos or videos in which my child may appear for publication or display purposes.    Yes    No

**Below is authorization to pay tuition and fees for  
Lakewood Catholic Academy's Summer Care Program for the following student(s)**

(please list students names):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Lakewood Catholic Academy  
Authorization Agreement for  
Automatic Payments**

I hereby authorize Lakewood Catholic Academy to directly debit my checking account for payment of fees for Lakewood Catholic Academy to the account listed below. I hereby authorize Lakewood Catholic Academy to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account listed below.

Schedule of direct debits:            Month of June: 07/15/2025  
    Month of July: 08/15/2025  
    Month of August: 09/15/2025

Instructions:

- Payments will be debited to your account as shown above.
  - If the 15th falls on a weekend or holiday your account will be debited on the following business day.
  - Monthly debited amount is for the prior month's fee.
  - Transit/ABA number is the nine digit number, generally preceding your account number.
- **Please attach voided check with this form.**

Financial Institution Name and Branch Location	Transit/ABA No. (Nine digit number)	Account No.	Type of Account
Institution: _____	_____	_____	Checking
Branch: _____			Savings

**Please bill using my LCA FACTS Account.**

Automatic debit authority is to remain in full force until Lakewood Catholic Academy has received written notification from me of its termination in such timely manner as to afford Lakewood Catholic Academy and Financial Institution a reasonable opportunity to act on it.

Signature \_\_\_\_\_ PLEASE PRINT AND SIGN WITH INK. \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_



**LAKWOODCATHOLICACADEMY.COM**  
14808 LAKE AVENUE LAKEWOOD, OH 44107

**LAKWOOD CATHOLIC ACADEMY  
EMERGENCY MEDICAL AUTHORIZATION**

Summer Camp  
2025 School year

**Family Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Purpose -- To enable parents to authorize emergency treatment for children who become ill or injured while under school authority, when parents cannot be reached.

**Part I or Part II must be completed.**

**PART I (TO GRANT REQUEST)**

In the event reasonable attempts to contact me at \_\_\_\_\_ or \_\_\_\_\_  
(phone) (other parent)  
at \_\_\_\_\_ have been unsuccessful, I hereby give my consent for: (1) the administration of  
(phone)  
any treatment deemed necessary by Dr. \_\_\_\_\_, or Dr. \_\_\_\_\_  
(preferred physician) (preferred dentist)  
or in event the designated preferred practitioner is not available, by another licensed physician or dentist;  
and (2) the transfer of the child to \_\_\_\_\_ or any hospital  
reasonably accessible. (preferred hospital)

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

PLEASE PRINT AND SIGN WITH INK.

\_\_\_\_\_  
Date Signature of Parent Address

**\*\*DO NOT COMPLETE PART II IF YOU COMPLETED PART I \*\*  
PART II (REFUSAL TO CONSENT)**

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

PLEASE PRINT AND SIGN WITH INK.

\_\_\_\_\_  
Date Signature of Parent Address

**LAKEWOOD CATHOLIC ACADEMY**  
**FIELD TRIP PERMISSION FORM**  
**RELEASE, INDEMNIFICATION & WAIVER OF LIABILITY**

Date June-August 2025

Dear Director of the Summer Day Camp Program,  
(Faculty Member in Charge)

I, \_\_\_\_\_, am the \_\_\_\_\_  
(Name of Parent/Guardian) (Father, Mother, Custodial Parent Legal Guardian)

of \_\_\_\_\_, a camper at Lakewood Catholic Academy in Summer Day Camp.  
(Name of Student)

I hereby request permission for the above-named child to attend the **FIELD TRIPS LISTED ON THE FIRST PAGE OF THIS REGISTRATION PACKET.**

and I consent to the child's participation in such a field trip.

I understand that the child will be transported to the place of the field trip by BUS.  
(Means of Transportation)

I understand that all activities have certain risks and could result in injury to the above child. In consideration of the above child being permitted to participate in the above field trip, on behalf of the child, and on behalf of the mother, father, next of kin and (if applicable) the guardian of the above child, I hereby assume all risk of injury, which may be sustained by the child in connection with the above field trip. I further specifically waive, release and discharge, the Diocese of Cleveland, Lakewood Catholic Academy, and its sponsoring parishes, and the employees and volunteers of the aforesaid school, parish, and/or diocese from all claims arising out of and/or resulting from harm, bodily injury, loss of life or property, damages and losses sustained by the child while participating in the above field trip, including claims of the child's parents and/or next of kin and/or (if applicable) guardian. I further agree to indemnify the Diocese of Cleveland, Lakewood Catholic Academy, and its sponsoring parishes, and the employees/volunteers of the aforesaid school, parish, Diocese and/or their employees/volunteers as a result of injury or damage suffered by the above child and/or the child's parents and/or next of kin and/or (if applicable) guardian, arising out of the child's participation in the field trip. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for the above child.

I fully understand what is involved in the field trip and I understand that I have the opportunity to contact the teacher and ask him/her about the field trip.

I have read and fully understand the contents of this entire document and consent to the provisions contained therein.

PLEASE PRINT AND SIGN WITH INK.

\_\_\_\_\_  
(Parent/Guardian Signature)

**LAKEWOOD CATHOLIC ACADEMY**  
**SUMMER DAY CAMP**  
**RELEASE, INDEMNIFICATION & WAIVER OF LIABILITY**  
  
**LAKEWOOD PARK BLANKET PERMISSION FORM**

Dear Director of Summer Day Camp Program,  
(Faculty Member in Charge)

I, \_\_\_\_\_, am the \_\_\_\_\_  
(Name of Parent/Guardian) (Father, Mother, Custodial Parent Legal Guardian)

of \_\_\_\_\_, a participant in Summer Day Camp.  
(Name of Student)

I hereby request permission for the above-named child to participate in walking to Lakewood Park  
(Place)

and the use of its facilities and equipment on any day between 6/04/25–8/15/25 from 8am until 5pm.  
(Date of Field Trip)

I understand that all activities have certain risks and could result in injury to the above child. In consideration of the above child being permitted to participate in the above field trip, on behalf of the child, and on behalf of the mother, father, next of kin and (if applicable) the guardian of the above child, I hereby assume all risk of injury, which may be sustained by the child in connection with the above field trip. I further specifically waive, release and discharge, the Diocese of Cleveland, Lakewood Catholic Academy, and its sponsoring parishes, and the employees and volunteers of the aforesaid school, parish, and/or diocese from all claims arising out of and/or resulting from harm, bodily injury, loss of life or property, damages and losses sustained by the child while participating in the above field trip, including claims of the child's parents and/or next of kin and/or (if applicable) guardian. I further agree to indemnify the Diocese of Cleveland, Lakewood Catholic Academy, and its sponsoring parishes, and the employees/volunteers of the aforesaid school, parish, Diocese and/or their employees/volunteers as a result of injury or damage suffered by the above child and/or the child's parents and/or next of kin and/or (if applicable) guardian, arising out of the child's participation in the field trip. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for the above child.

I fully understand what is involved in the field trip and I understand that I have the opportunity to contact the teacher and ask him/her about the field trip.

I have read and fully understand the contents of this entire document and consent to the provisions contained therein.

PLEASE PRINT AND SIGN WITH INK.

\_\_\_\_\_  
(Parent/Guardian Signature)

## Lakewood Pool Swimming Permission

My child, \_\_\_\_\_, has my permission to swim in the following areas of the pool during Summer Camp 2025:  
(Please check all that apply)

\_\_\_ The shallow lift area – approximately 1.5 feet deep (students 6 and under only)

\_\_\_ The shallow end – approximately 3-4.5 feet deep

\_\_\_ The deep end – approximately 5-6 feet deep

\_\_\_ My child is allowed to jump/dive off the diving board

PLEASE PRINT AND SIGN WITH INK.

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Parent Signature

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Date

**LAKEWOOD CATHOLIC ACADEMY**  
**SUMMER DAY CAMP**  
**RELEASE, INDEMNIFICATION & WAIVER OF LIABILITY**  
  
**LAKEWOOD LIBRARY BLANKET PERMISSION FORM**

Dear Director of Summer Day Camp Program,  
(Faculty Member in Charge)

I, \_\_\_\_\_, am the \_\_\_\_\_  
(Name of Parent/Guardian) (Father, Mother, Custodial Parent Legal Guardian)

of \_\_\_\_\_, a participant in Summer Day Camp.  
(Name of Student)

I hereby request permission for the above-named child to participate in walking to Lakewood Library  
(Place)

and the use of its facilities on any day between 6/04/25–8/15/25 from 8am until 5pm.  
(Date of Field Trip)

I understand that all activities have certain risks and could result in injury to the above child. In consideration of the above child being permitted to participate in the above field trip, on behalf of the child, and on behalf of the mother, father, next of kin and (if applicable) the guardian of the above child, I hereby assume all risk of injury, which may be sustained by the child in connection with the above field trip. I further specifically waive, release and discharge, the Diocese of Cleveland, Lakewood Catholic Academy, and its sponsoring parishes, and the employees and volunteers of the aforesaid school, parish, and/or diocese from all claims arising out of and/or resulting from harm, bodily injury, loss of life or property, damages and losses sustained by the child while participating in the above field trip, including claims of the child's parents and/or next of kin and/or (if applicable) guardian. I further agree to indemnify the Diocese of Cleveland, Lakewood Catholic Academy, and its sponsoring parishes, and the employees/volunteers of the aforesaid school, parish, Diocese and/or their employees/volunteers as a result of injury or damage suffered by the above child and/or the child's parents and/or next of kin and/or (if applicable) guardian, arising out of the child's participation in the field trip. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for the above child.

I fully understand what is involved in the field trip and I understand that I have the opportunity to contact the teacher and ask him/her about the field trip.

I have read and fully understand the contents of this entire document and consent to the provisions contained therein.

PLEASE PRINT AND SIGN WITH INK.

\_\_\_\_\_  
(Parent/Guardian Signature)