

2019 OLC SUMMER CARES REGISTRATION FORM

Child's Name: _____ Birth Date: _____

Address: _____ Zip Code: _____

Father's Name: _____ Mother's Name: _____

Phone Numbers: (home) _____ (work) _____ (cell) _____

School: _____ Grade in September: _____

Parish: _____ Age: _____ Gender: Male _____ Female _____

Week(s) attending: ___ 6/17 ___ 6/24 ___ 7/1 ___ 7/8 ___ 7/15 ___ 7/22 ___ 7/29 ___ 8/5 ___ 8/12

Week(s) attending Camp Calvary ___ 7/8 ___ 7/15 ___ 7/22

Drop-Off Time: _____ Pick-Up Time: _____

Who is authorized to pick up your child?

Health concerns: (Allergies, medication, etc.)

Written consent is given for: (Please check)

___ Emergency medical care ___ Administration of non-prescription drugs

___ Prescription Drugs ___ To call you when your child seems to be very sick

My child, _____, has my permission to participate in all of the activities and field trip of Our Lady of Calvary Summer Cares Program. I hereby waive and release Our Lady of Calvary Parish, the Summer Cares Program and the Archdiocese of Philadelphia, the employees and representatives, from any and all possible claims of injury to person or property, which might arise in connection with my child's participation in the activities sponsored or provided by the OLC Summer CARES Program.

Signature of Parent: _____

N.B. Any child whose behavior is detrimental to himself/herself, other children, or Cares staff in general, will be asked to leave the program.

Office Use Only:

CARES: ___ 6/17 ___ 6/24 ___ 7/1 ___ 7/8 ___ 7/15 ___ 7/22 ___ 7/29 ___ 8/5 ___ 8/12

CAMP CALVARY: ___ 7/8 ___ 7/15 ___ 7/22