



SUMMER CAMP REGISTRATION FORM
Summer Day Program for Youth Gr. 1-5
Monday, July 22nd to Friday, July 26th

1. PARTICIPANT INFORMATION

<input type="text"/>		<input type="text"/>	
FIRST NAME		LAST NAME	
<input type="text"/>		<input type="text"/>	
SCHOOL NAME		SCHOOL GRADE (IN FALL 2019)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
ADDRESS	CITY	POSTAL CODE	

2. PARENT/GUARDIAN CONTACT INFORMATION

<input type="text"/>		<input type="text"/>	
FULL NAME		RELATIONSHIP TO PARTICIPANT	
<input type="text"/>		<input type="text"/>	
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER	

3. EMERGENCY CONTACT INFORMATION

<input type="text"/>		<input type="text"/>	
FULL NAME		RELATIONSHIP TO PARTICIPANT	
<input type="text"/>		<input type="text"/>	
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER	

4. ADDITIONAL PARTICIPANT INFORMATION

PLEASE LIST ANY MEDICAL/OTHER PERTINENT INFORMATION THAT WE SHOULD BE AWARE OF (FOR EXAMPLE: ALLERGIES, ASTHMAS, MEDICATIONS, ANXIETY, ...)

5. T-SHIRT SIZE

PLEASE SELECT A SIZE FOR YOUR CHILD'S SUMMER CAMP T-SHIRT:

YOUTH SIZE:	S	M	L	XL
ADULT SIZE:	S	M	L	XL

6. MORNING CARE OPTION

PLEASE INDICATE WHETHER YOU REQUIRE CHILD SUPERVISION EACH MORNING FROM 8:00 – 8:45 AM **YES** **NO**
NOTE: REGULAR DROP-OFF TIME BEGINS AT 8:45 A.M.

7. PARENT/GUARDIAN PERMISSION

I GIVE CONSENT FOR MY CHILD TO PARTICIPATE IN THE 2019 ST. CLARE OF ASSISI SUMMER CAMP PROGRAM.

<input type="text"/>	<input type="text"/>
PARENT/GUARDIAN SIGNATURE	TODAY'S DATE