



FOR OFFICE USE ONLY

Amount \$ _____ Check # _____ Date: _____

Summer Camp Registration

CAMPER INFORMATION

Student Name: _____

(First) (Last)(Nickname)

Address: _____

(STREET) (CITY) (STATE) (ZIP)

Phone: _____ Date of Birth: ____/____/____ Gender: ____

Current School: _____ Current Grade: _____

FAMILY INFORMATION

Parent/Guardian:

Name: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email: _____

Occupation: _____

Employer: _____

Marital Status: Married Divorced Single Other

Parent/Guardian:

Name: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email: _____

Occupation: _____

Employer: _____

Marital Status: Married Divorced Single Other

If Child becomes sick or injured at camp please call first: _____

If divorced:

Name of parent who will be submitting payments : _____ Name of parent who has physical custody: _____

Please provide a schedule of who will be picking up child during camp .

EMERGENCY CONTACTS/AUTHORIZED PICK UP:

Please list the emergency contacts and those authorized to pick up child from camp.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

IMPORTANT HEALTH INFORMATION:

If applicable, please provide the following information.

Student Allergies: _____

Does your child have an epi-pen? _____ Yes _____ No

Please describe any medical conditions: _____

Does your child have an inhaler? _____ Yes _____ No

Has your child been stung by a bee/wasp? _____ Yes _____ No Describe reaction _____



Student Name: _____

T-SHIRT SIZE: XS-5/6 S-6-8 M-10-12 L-14-16

WEEKS OF ATTENDANCE: PLEASE CHECK

Week #1: Home SweetHome, STL 8:30-11:30 8:30-2:30 Before Camp needed After Camp needed
 Week #2: The Great Outdoors 8:30-11:30 8:30-2:30 Before Camp needed After Camp needed
 Week #3 Create, Design and BuildIt 8:30-11:30 8:30-2:30 Before Camp needed After Camp needed
 Week #4 Superheroes 8:30-11:30 8:30-2:30 Before Camp needed After Camp needed

I give permission to Holy Cross Academy summer camp staff to walk my child to the Shrewsbury swimming pool, fire station and the Shrewsbury Public works building. Parent's initials _____

SWIM INFORMATION: CHECK ALL THAT APPLY CHILDREN WILL NOT BE USING ARM FLOATIES DURING LESSONS

My child has never had swim lessons My child is fearful of the swimming pool
 My child likes to play in the water My child will put their face under water
 My child can doggy paddle in the water My child is beginning to swim independently

Any other information you want to share about your child's swimming skills: _____

I authorize summer camp staff to put on sunscreen. I will provide the sunscreen. Parent's initials _____

MEDICAL RELEASE

I understand that basic first aid will be given to my child at school for minor incidents. If an emergency requiring additional medical care is needed, I hereby authorize Holy Cross Academy staff members to take my child to a local hospital and/or call an ambulance, if I can't be contacted or during an emergency.

Physician's Name: _____ Clinic: _____

Address: _____ Phone: _____

For emergency medical treatment my preferred hospital is: _____

Hospital Phone: _____

Any other information you would like the summer camp staff know about your child:

Parent/Guardian Signature: _____ Date: _____