

St. Madeline-St. Rose Summer Camp Registration

Student's Name _____

Age _____ Date of Birth _____ Male _____ Female _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail Address _____ Cell Phone _____

Parents' Name _____ Work Number _____ Cell _____

_____ Work Number _____ Cell _____

Emergency Pick-Up:

1. Name _____ Phone Number _____
Cell _____

2. Name _____ Phone Number _____
Cell _____

3. Name _____ Phone Number _____
Cell _____

The following person(s) may NOT pick-up my child.

Medical Information: (ex. allergies)

Estimated time of arrival: _____ & Pick up: _____

Estimated days coming: _____ or Weekly _____

Registration Fee (\$10.00) _____

Parents' Signatures: _____ Date _____

_____ Date _____