

PLEASE WRITE NEATLY AND LEGIBLY

	Child 1	Child 2	Child 3	Child 4
First Name				
Middle Name				
Last Name				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade in September 2022				
Session(s) (circle weeks attending)	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7	1 2 3 4 5 6 7
	Week 1: 6/26-6/30 Week 5: 7/24-7/28	Week 2: 7/5-7/7 Week 6: 7/31-8/4	Week 3: 7/10-7/14 Week 7: 8/7-8/11	Week 4: 7/17-7/21
Date of Birth				

Home Phone: _____ Who should we contact first? _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

OFFICE USE ONLY

\$75 Registration Fee

Paid

Money Order # _____ Cash _____ Credit Card _____

Parent/Legal Guardian #1:

First and Last Name: _____

Address (if different from child): _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email: _____

**please note that email is required as it will be used as a communication tool for reminders and updates during fun center time.

Employer: _____

Employer address: _____ **Employer phone:** _____

Parent/Legal Guardian #2

First and Last Name: _____

Address (if different from child): _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email: _____

**please note that email is required as it will be used as a communication tool for reminders and updates during fun center time.

Employer: _____

Employer address: _____ **Employer phone:** _____

EMERGENCY CONTACT INFORMATION

(other than parents or guardians listed above)

Contact #1: _____ **Phone number:** _____

Relationship to child: _____

Contact #2: _____ **Phone number:** _____

Relationship to child: _____

Contact #3: _____ **Phone number:** _____

Relationship to child: _____

Please list any individuals authorized to pick up your child here:

(Be advised the person may be asked for a photo ID.)

1) _____

2) _____

3) _____

Please detail here any specific custody arrangements or persons who are not authorized to pick up your child/ren:

_____ I understand that at no time are the counselors at Our Lady of Fatima Summer Camp allowed to change or touch the campers at any time. We are not allowed to change clothes or toileting accidents. We are not permitted to have contact with the campers in this way.

I have read and agree to all conditions of this registration.

Signature of Parent/Guardian _____

Date _____

Is there anything else we need to know? Please share any additional information here.

List of Mandatory Summer Camp Supplies

Sneakers every day

Water shoes (Wednesday's only)

A full water bottle EVERYDAY

A change of clothes EVERYDAY

Towel/swim clothes EVERY WEDNESDAY

Sunscreen

PLEASE LABEL EVERYTHING