

**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: 6/24-6/28 Week 5: 7/22-7/26	Week 2: 7/1-7/5 Week 6: 7/29-8/2	Week 3: 7/8-7/12 Week 7: 8/5-8/9	Week 4: 7/15-7/19
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.

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I hereby give consent to Our Lady of Fatima Summer Camp (the "organization") to photograph, videotape, or otherwise digitally record and use images and/or sound recordings of myself or my child or children (if applicable) to use in any public media, including radio, television, internet, social media, or print.

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_



# 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

