



MARY QUEEN OF SAINTS CATHOLIC ACADEMY CAMP REGISTRATION FORM

(PLEASE TYPE OR PRINT CLEARLY)

Parent/Guardian Full Name _____
Last Name First Name Middle Initial

Home Phone: _____ Alternate Phone: _____

Street Address: _____ City: _____ Zip Code: _____

Children's Full Name: Sex: _____ Birthday: _____ Age Now: _____ Grade: _____

**TO GUARANTEE A SPOT FOR YOUR CHILD(REN), A REGISTRATION FEE OF \$5.00
MINIMUM PER CHILD IS NECESSARY.**

Number of Children _____ X \$5.00 or \$ _____ = Total Amount Due: \$ _____

Child(ren) resides with (please check) Mother _____ Father _____ Other _____

What do you wish the departure procedure to be for your child(ren)?

Wait to be picked up _____ Walk Home _____ Ride City Bus _____ Other _____

List of persons authorized to pick up child(ren):

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

PARENT PERMISSION

I give permission for my child(ren) to participate in this program. I declare that the above information is correct. I agree that if a health condition exists which would limit his/her participation in this activity, I will notify the Camp immediately (please complete other side of this form).

Parent/Guardian Signature _____ Date _____



MARY QUEEN OF SAINTS CATHOLIC ACADEMY HEALTH HISTORY RECORD

(one for EACH child enrolled in Camp required)

Child's Name: _____ Age: _____

1. List any serious illnesses the child has had within the last 6 months: _____

2. Does your child have a history of (circle all that apply)

Physical Handicaps

Asthma

Diabetes

Heart Problems

Rheumatic Fever

Seizures

Allergies (please describe) _____

Other (please describe) _____

If you have circled any of the above items, please describe any special emergency care instructions or other information needed by the Camp staff:

Emergency number of person to be notified in case of an emergency when parents/guardians are not available.

Name: _____ Relationship to child: _____

Address: _____ City: _____ Zip _____

Telephone Numbers: Home: _____

Work: _____

Cell: _____

I give permission for my child to participate in this program. If a medical emergency arises, the program staff will take all steps necessary. A public emergency vehicle may be called for transportation of my child to an emergency facility. I understand I will be responsible for any service charge incurred.

Signature of Parent/Guardian: _____ Date: _____