



CLUB CAN-DO SUMMER CAMP

Kids called to CARE!

CAMPER INFORMATION		
Child's Name:		
Date of birth:	Current Age:	Grade Completed:
Home Address:		
City:	State:	Zip Code:
Home Phone:	T-Shirt Size: YS YM YL S M L XL	Church Affiliation:
MOTHER'S INFORMATION		
Mother's Name:		
Present Address:		Cell Phone:
Home Phone:	E-mail:	Member of FSJ? Yes No
City:	State:	Zip Code:
Employer Name:	Employer Address:	Work Phone:
FATHER'S INFORMATION		
Father's Name:		
Address:		Cell Phone:
City:	State:	Zip Code:
Employer Name:	Employer Address:	Work Phone:
EMERGENCY CONTACT INFORMATION		
Name:		
Home Phone:	Cell Phone:	Work Phone:
LEGAL GUARDIAN INFORMATION		
Name:		
Address:		Cell Phone:
City:	State:	Zip Code:
Member of First Saint John? Yes No	E-mail:	Home Phone:
Employer Name	Employer Address:	Work Phone:
AUTHORIZED CHILD PICKUP INFORMATION		
Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:
PLEASE LIST ALL OTHER SIBLINGS HERE		
Name	Name	
Name	Name	
SIGNATURE		
Parent/Legal Guardian Signature:		Date: