



## SUMMER CAMP REGISTRATION FORM

### 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:

### MEDICAL INFORMATION

Hospital/Clinic Preference		
Physician's Name		Telephone Number:
Allergies:	Health Concerns:	

### AUTHORIZED CHILD PICKUP INFORMATION

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone: