St. Francis of Assisi Summer Camp 2010
Registration Form

Child's name ____ Date of Birth ___________________________

Grade Entering **2010 – 2011** school year _________________________ School Attends ___________________________

Church Parish ____

Current Address ____

____

Family e-mail address ____

***Enrollment status*:**

_____ **Full Time** (attends 3 or more days a week)

_____ **Part Time** (attend 2 days per week)

Office Use Only: Paid _____ *Cash/Check* __________

Father or Guardian's Information

Name ____

Address *(if different from child's)* ____

____

Home Phone ____ Cell Phone _______________________________

Employer ____ Work Phone _______________________________

Work Email Address ____

Mother or Guardian's Information

Name ____

Address *(if different from child's)* ____

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Home Phone ____ Cell Phone _______________________________

Employer ____ Work Phone _______________________________

Work Email Address ____

***Guardianship Information*:**

If parents are divorced or legally separated, which parent has custody of the child? ___________________________________

Can the child be released to the non-custodial parent? ____

Emergency Contacts if parents cannot be reached:

Name ____

Relationship ____________________________________

Home Phone ________________________

Cell Phone ________________________

Name ____

Relationship ____________________________________

Home Phone ________________________

Cell Phone ________________________

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Persons allowed to pick up child from summer camp other than parents:

Name ____________________________________
Relationship ______________________________
Home Phone ______________________
Cell Phone ______________________

Name ____________________________________
Relationship ______________________________
Home Phone ______________________
Cell Phone ______________________

Medical Information:

Allergies (include allergies to particular medicines, foods and insects):

____

____

Medical Conditions (such as asthma, diabetes, migraines, etc.):

____

____

Physical Disorders:

____

____

List any medicine your child takes regularly:

____

____

Are there any restrictions to physical activity?

____

____

Authorization for Emergency Medical Treatment:

If my child ____ should become ill or injured at SFA Summer Camp, I understand that the facility will (1) contact me immediately or (2) contact the person(s) I have designated if I cannot be reached. Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate emergency medical treatment if necessary. The physician and /or medical facility is authorized to administer medical treatment necessary to ensure the health and safety of my child. I will accept responsibility or payment of all medical services rendered.

In an emergency:

Physician's Name _______________________________ Phone _______________

Hospital/Clinic _________________________________ Phone _______________

Primary Insurance ____ Policy # _______________

Parent's Signature ____

Date ____________________________