Our Lady of The Rosary
"Camp Mystery" Registration

Parents Name:_____
Address:_____
City_____ Zip:_____
E-mail Address:_____
Mom cell phone_____ Dad cell phone_____
Home/Work _____
Parishioner at OLOR? _____Yes _____ No Photos _____Yes_____No

1._____ _____ _____ _____
Child's first and last name age DOB Grade completed

_____
Allergies/special needs

2._____ _____ _____ _____
Child's first and last name age DOB Grade completed

_____
Allergies/special needs

3. _____ _____ _____ _____
Child's first and last name age DOB Grade completed

_____
Allergies/special needs

4._____ _____ _____ _____
Child's first and last name age DOB Grade completed

_____
Allergies/special needs

5._____ _____ _____ _____
Child's first and last name age DOB Grade completed

_____
Allergies/special needs

The following person(s) have my permission to pick up my child(ren) at dismissal from Summer Camp. They will also be my emergency contact in case I can not be reached. I understand that ONLY parents and those individuals listed on this form may pick up my child(ren). I understand that if there are any additions or changes I must call OLOR at (813) 948-5999.

Name: _____ Phone Number_____

Name_____ Phone Number_____