

St. Christopher Summer Camp Registration Form 2021

Camper #1: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Last First

School Attending: \_\_\_\_\_ Grade Entering \_\_\_\_\_ Allergies \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_ Shirt Size \_\_\_\_\_

Weeks Attending: [ ] June 7 - June 11 [ ] June 14 - June 18 [ ] June 21 - June 25 [ ] June 28 - July 2  
[ ] July 5- July 9 [ ] July 12 - July 16 [ ] July 19 - July 23

Camper #2: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Last First

School Attending: \_\_\_\_\_ Grade Entering \_\_\_\_\_ Allergies \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_ Shirt Size \_\_\_\_\_

Weeks Attending: [ ] June 7 - June 11 [ ] June 14 - June 18 [ ] June 21 - June 25 [ ] June 28 - July 2  
[ ] July 5- July 9 [ ] July 12 - July 16 [ ] July 19 - July 23

Camper #3: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Last First

School Attending: \_\_\_\_\_ Grade Entering \_\_\_\_\_ Allergies \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_ Shirt Size \_\_\_\_\_

Weeks Attending: [ ] June 7 - June 11 [ ] June 14 - June 18 [ ] June 21 - June 25 [ ] June 28 - July 2  
[ ] July 5- July 9 [ ] July 12 - July 16 [ ] July 19 - July 23

Camper #4: \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Last First

School Attending: \_\_\_\_\_ Grade Entering \_\_\_\_\_ Allergies \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_ Shirt Size \_\_\_\_\_

Weeks Attending: [ ] June 7 - June 11 [ ] June 14 - June 18 [ ] June 21 - June 25 [ ] June 28 - July 2  
[ ] July 5- July 9 [ ] July 12 - July 16 [ ] July 19 - July 23

PARENT INFORMATION

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother or Guardian's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father or Guardian's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email address: \_\_\_\_\_

The following persons are authorized by me to pick up my child from school

Name	Phone Number	Relationship to Child

I agree that the operator may authorize the physician of his/her choice to provide emergency medical care in the event that my spouse, alternate contact(s), my child's doctor nor I can be immediately located.

Mother or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father or Guardian's Name Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*\*\*\*\*This space for office use only\*\*\*\*\*

Registration Fee: \_\_\_\_\_

Camp Fees: \_\_\_\_\_

Camp Shirts/Bags: \_\_\_\_\_

Date: \_\_\_\_\_ 2021

Total: \_\_\_\_\_

Total Amount Collected: \_\_\_\_\_

Cash: \_\_\_\_\_ Checks: \_\_\_\_\_

Initials: \_\_\_\_\_