

**ST. DOMINIC SUMMER CAMP  
Registration Form  
2011**

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Employer Name \_\_\_\_\_ Employer Name \_\_\_\_\_  
 Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Pickup Authorization \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Pickup Authorization \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

	CHILD 1	CHILD 2	CHILD 3
Grade			
Age			
Tee Shirt Size			
First Name, Middle Initial			
Last Name			
"Goes By" Name			
Male/Female			
Birthday (MM/DD/YY)	/ /	/ /	/ /
Does your child have any food allergies?			
Does this child have any physical conditions of which we should be aware?			

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 I have read the following agreement and understand what is required for my child to be enrolled in the Summer Camp Program.

1. I agree to pay all fees required in advance of my child attending the program.
2. I will notify the Director immediately if for some reason I am not pleased with the care my child is receiving.
3. I agree to support the staff in their efforts to provide a safe and respectful environment.
4. I, \_\_\_\_\_ authorize St. Dominic staff to obtain emergency medical treatment for my child(ren) in case of an emergency.

\_\_\_\_\_  
 (SIGNATURE OF PARENT OR GUARDIAN)

\_\_\_\_\_  
 (DATE)

-----*FOR OFFICE USE ONLY*-----

Date Registered \_\_\_\_\_ Reg. Fee Pd. \_\_\_\_\_ Check # \_\_\_\_\_