

OUR LADY OF GUADALUPE SUMMER FUN CAMP 2017

CHILD'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ ZIP CODE _____ HOME PHONE: _____

MOTHER'S NAME: _____ CELL PHONE: _____

FATHER'S NAME: _____ CELL PHONE: _____

EMAIL: _____ SCHOOL: _____

MEDICAL INFORMATION - *Medical Insurance Carrier:* _____

Please list any medical issues, medications and additional circumstances we should be aware of

POOL PERMISSION

My child has permission to participate in the pool activity under supervision and will bring a towel and sunscreen.

Circle one or both: *Large Pool (4.5ft)* *Small Pool (2.5ft)* Initial here _____

DISMISSAL

I will pick my child up at dismissal **OR** I authorize _____ to pick up my child.

EMERGENCY CONTACTS (Other than parents. We will always try to contact parents first.)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

REGISTRATION OPTIONS (CHOOSE ONE OPTION)

_____ Six week Program
(July 3– Aug 11)

****CAMP WILL BE CLOSED IN OBSERVANCE OF
INDEPENDENCE DAY ON JULY 4TH.****

_____ Weekly Registration (circle all weeks that apply)

Week 1
(7/3-7/7)

Week 2
(7/10-7/14)

Week 3
(7/17-7/21)

Week 4
(7/24-7/28)

Week 5
(7/31-8/4)

Week 6
(8/7-8/11)

PARENT AUTHORIZATION - By signing this agreement I give my child permission to participate in OLG Summer Fun. I give Our Lady of Guadalupe the right to use my child's photo(s) on the parish website. All payments are NON-REFUNDABLE as of June 1, 2017.

Parent's Name (Please Print) _____

Parent's Signature _____

Date _____

FOR OFFICE USE ONLY

Group:

5-6

7-9

10-12G

10-12B