SUMMER FAITH CAMP REGISTRATION FORM 2018

Pre-Kindergarten (4/5yrs) thru Sixth Grade

June 25-29, 9:00 am - 12:30 pm,

Registration: $40.00 per child; T-shirt, CD & snacks included

To ensure your child has a T-shirt registration must be turned in by June 5th

Questions? Contact Carol Keane Stein- summerfaithcamp@gmail.com

Return completed forms and fees to: Summer Faith Camp,

St. Patrick Church, 235 Chapel St. GV 95945

Please print clearly:

YOUTH T-Shirt sizes: YS, YM, YL, YXL

Child's Full Name: ________________________ M/F
Age:_____ Grade entering in Fall :_____
T-shirt size:_____________
Any food allergies or medical concerns: Yes/No
*Please give specifics (use back of form if needed)
____
____

Child's Full Name: ________________________M/F
Age:_____ Grade entering in Fall :____
T-shirt size:_____________
Any food allergies or medical concerns: Yes/No
*Please give specifics (use back of form if needed)
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Age:_____ Grade entering in Fall :____
T-shirt size:_____________
Any food allergies or medical concerns: Yes/No
*Please give specifics (use back of form if needed)
____
____

Parent/Guardian Name: ________________________________Relationship to child:___________________
Address: _____________________________________City: __________________ ZIP: __________________
Home telephone: ____________________Cell number: __________________Work #: ________________
E-Mail Address: ____

In Case of Emergency (when parent/guardian cannot be reached) please contact:
Name:_____________________________________ Emergency Number: __________________________
Physician Name: _____________________________Phone Number: _______________________________
Dentist Name: ______________________________ Phone Number: _______________________________
Person responsible for picking up child/children at the end of the day:
Name: ____________________________ Cell Phone Number: __________________________________

Yes/No—Circle one. I give permission for my child/children to be videotaped or photographed during Summer Faith Camp. Pictures or tapes will be used to promote Summer Faith Camp or Religious Education Programs during the following year.

Signature of parent/guardian: ___________________________________ Date: _____________________

-Over-

Check here if you would like to volunteer: _____________ (Please fill out a Volunteer Form)

For office use only: Date paid _____________ Check # ____________Cash ____________ Notes:

Authorization of Consent for Treatment of Minor

In the event of serious emergency, and none of the persons listed above can be contacted, I authorize school officials to call my family physician, or if the situation demands, to transfer my child to the nearest hospital for emergency care. I consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment which is deemed advisable by and rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act, and on the medical staff of a certified hospital, whether such diagnosis or treatment or hospital care is rendered at the physician's office or at a certified hospital. If our family physician cannot be reached, the parish may choose a physician. I understand that the parish does not assume responsibility for payment of a physician/dentist. I hereby agree to bear all cost incurred as a result of the foregoing:

Parent/ Guardian Signature:
X ____ Date : _____________

- My child is currently taking this current medication:
  ____
  Dosage: _______________________________
- My child has special medical issues: (explain)-
  ____