

*Our Lady of Victory Summer Activities Club
Registration Form*

Child's Name

Date of Birth

Address

Phone #

E-Mail Address

Grade in Now

School

Mother's Name

Father's Name

Mom's Home # _____

Dad's Home # _____

Mom's Cell # _____

Dad's Cell # _____

Mom's Work # _____

Dad's Work # _____

Give emergency contacts if both parents cannot be reached

Name _____ Language _____

Phone # _____ Relationship to child _____

My child will attend:

___ FULL WEEK (5 Days)

___ THREE DAYS (Circle Days Needed)

Monday

Tuesday

Wednesday

Thursday

Friday

Who will be picking up your child?

Does your child have any allergies or medical conditions?