

*Our Lady of Victory Summer Activities Club*  
*Registration Form 2018*

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade in now

\_\_\_\_\_  
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 camp for:

\_\_\_ FULL WEEK (5 Days)

\_\_\_ PARTIAL WEEK (circle days needed)

*Monday Tuesday Wednesday Thursday Friday*

Who will be picking up your child from camp?

Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Does your child have any allergies or medical conditions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_