

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?

