

**OUR LADY OF GUADALUPE SUMMER FUN CAMP 2015**

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**

\_\_\_\_\_ Six week Program  
(July 5 – Aug 12)

\_\_\_\_\_ Early Drop Off Program (\$25/wk)

\_\_\_\_\_ Early Drop Off Daily Registration (\$5/day)

Mon    Tues    Wed    Thurs    Fri (Circle all the apply)

\_\_\_\_\_ Weekly Registration (circle all weeks that apply)

Week 1  
(7/5-7/8)

Week 2  
(7/11-7/15)

Week 3  
(7/18-7/22)

Week 4  
(7/25-7/29)

Week 5  
(8/1-8/5)

Week 6  
(8/8-8/12)

**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 July 5, 2016.

Parent's Name (Please Print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Group:**

5-6

7-8

9-11G

9-11B