

2024 St. Ann Day Camp Registration Form

Child Information

Name _____

Name _____

Date of Birth _____

Date of Birth _____

Grade in Fall 2024 _____

Grade in Fall 2024 _____

Parent/Guardian Information

Mother _____

Home Phone _____

Cell Phone _____

Work Phone _____

Place of Work _____

Work Hours _____

Home Address _____

City/State/Zip Code _____

Email _____

Father _____

Home Phone _____

Cell Phone _____

Work Phone _____

Place of Work _____

Work Hours _____

Home Address _____

City/State/Zip Code _____

Email _____

If parents are divorced or if different guardian, who has custody?

Persons other than parent or guardians allowed to pick up child

1. _____ 2. _____ 3. _____

Emergency Contact Info

Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Work Phone _____

Place of Work _____

Work Hours _____

Home Address _____

City/State/Zip Code _____

Email _____

Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Work Phone _____

Place of Work _____

Work Hours _____

Home Address _____

City/State/Zip Code _____

Email _____

Additional children in home

Name _____ Age _____

School _____

Name _____ Age _____

School _____

Name _____ Age _____

School _____