



SFCCS Summer Day Camp 2018 Weekly Registration

Child #1

LAST Name:	FIRST Name:	DOB:
Grade entering 2018-19:	Allergies: YES NO	Special Needs: YES NO
Please list any allergies, existing illness, previous illness/injuries, special needs and/or medications prescribed for continuous, long-term use:		

Child #2

LAST Name:	FIRST Name:	DOB:
Grade entering 2018-19:	Allergies: YES NO	Special Needs: YES NO
Please list any allergies, existing illness, previous illness/injuries, special needs and/or medications prescribed for continuous, long-term use:		

Child #3

LAST Name:	FIRST Name:	DOB:
Grade entering 2018-19:	Allergies: YES NO	Special Needs: YES NO
Please list any allergies, existing illness, previous illness/injuries, special needs and/or medications prescribed for continuous, long-term use:		

Child #4

LAST Name:	FIRST Name:	DOB:
Grade entering 2018-19:	Allergies: YES NO	Special Needs: YES NO
Please list any allergies, existing illness, previous illness/injuries, special needs and/or medications prescribed for continuous, long-term use:		

My child(ren) will attend Part-Time: _____

My child(ren) will attend Full-Time: _____

Week #	Dates	Full - Time (Check Mark)	Part - Time (Check Mark)
1	June 4 - June 8		
2	June 11 - June 15		
3	June 18 - June 22		
4	June 25 - June 29		
5	July 2 - July 6 (Note: No camp on 7/4)		
6	July 9 - July 13		
7	July 16 - July 20		
8	July 23 - July 27		
9	July 30 - August 3		
10	August 6 - August 10		

Emergency & Contact Information

Physician's Name: _____ Phone: _____

Pick Up Contacts / Emergency Contacts

When a parent/guardian will not be picking up the child(ren) from SFCCS Summer Day Camp, or in the event of an emergency, we need to know who your child(ren) may be released to. In addition, the individuals listed below may be contacted in such events that the parent(s) / guardian(s) cannot be reached.

Contact Info

LAST Name	FIRST Name	Relationship
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Phone

Home	Cell	Work
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Contact Info

LAST Name	FIRST Name	Relationship
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Phone

Home	Cell	Work
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Contact Info

LAST Name	FIRST Name	Relationship
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Phone

Home	Cell	Work
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Please return this registration form with your deposit of \$10.00 per child.

Checks are made payable to SFCCS and may be dropped off at the office or mailed to:
St. Francis Central Catholic, 41 Guthrie Lane, Morgantown WV 26508, Attn: Michelle Jeffrey.

ATTN: Payment is due in full at the beginning of each week

*****Pay for all 10 weeks get one week free! *****