

ST. FRANCIS SUMMER CAMP PROGRAM

41 Guthrie Lane. • Morgantown,, WV 26508 • 1-304-291-5070

SUMMER CAMP ENROLLMENT FORM

CHILD: _____ BIRTHDATE: ____/____/____
 LAST FIRST MIDDLE

HOME ADDRESS: _____ HOME PHONE: _____

CITY & STATE _____

GRADE: _____

FATHER'S NAME: _____ HOME PHONE: _____

HOME ADDRESS: _____

EMPLOYER: _____ WORK
PHONE: _____

MOTHER'S NAME: _____ HOME
PHONE: _____

HOME ADDRESS (if
different): _____

EMPLOYER: _____ WORK
PHONE: _____

ALLERGIES OR OTHER KNOWN CONCERNS:

In the event of an emergency, if parents cannot be reached, please contact: (List two (2) persons)

NAME: _____ PHONE: _____

ADDRESS: _____

RELATIONSHIP: _____

NAME: _____

PHONE: _____

ADDRESS: _____

RELATIONSHIP: _____

CIRCLE DAYS CHILD WILL ATTEND "SUMMER CAMP PROGRAM"

M

T

W

TH

F

TYPICAL ATTENDANCE: _____ A.M. TO _____ P.M. (CENTER IS OPEN FROM 8:00 AM TO 5:30 PM)

PERSON(S) WHO WILL PICK UP CHILD:

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

NAME: _____

PHONE: _____

*A **\$10.00** DEPOSIT PER CHILD IS REQUIRED TO HOLD YOUR SPOT WITH REGISTRATION