

**Good Shepherd Catholic School      K-8 Summer Camp 2018 Registration Form**  
(Registration fee of \$30 per child must accompany completed form.)

**1st Child's Name** \_\_\_\_\_ **Grade Completed** \_\_\_\_\_ **DOB** \_\_\_\_\_

Is your child currently on any medication? \_\_\_\_\_ If yes, please list medication(s), dosage, & explain usage of the medication(s) \_\_\_\_\_

List any allergies your child has \_\_\_\_\_

**2nd Child's Name** \_\_\_\_\_ **Grade Completed** \_\_\_\_\_ **DOB** \_\_\_\_\_

Is your child currently on any medication? \_\_\_\_\_ If yes, please list medication(s), dosage, & explain usage of the medication(s) \_\_\_\_\_

List any allergies your child has \_\_\_\_\_

**Weekly** \_\_\_\_\_ **OR** **Drop In** \_\_\_\_\_

**Address** \_\_\_\_\_

**Child/ren lives with:**    \_\_\_ **Both parents**    \_\_\_ **Mother**    \_\_\_ **Father**    \_\_\_ **Guardian**

**Mother's Name** \_\_\_\_\_ **Father's Name** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Mobile Phone** \_\_\_\_\_ **Mobile Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Email** \_\_\_\_\_ **Email** \_\_\_\_\_

**List Persons authorized to pick up your child/ren** \_\_\_\_\_

**EMERGENCY CONTACTS:**

**Name** \_\_\_\_\_ **Relationship to Child/ren** \_\_\_\_\_

**Phone 1** \_\_\_\_\_ **Phone 2** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship to Child/ren** \_\_\_\_\_

**Phone 1** \_\_\_\_\_ **Phone 2** \_\_\_\_\_

**What time do you expect to drop off in the morning?** \_\_\_\_\_ **Pick up in the afternoon?** \_\_\_\_\_

**Circle days your child/ren will attend each week**    **MON**    **TUE**    **WED**    **THURS**    **FRI**

**Please indicate week(s) your child/ren will NOT be attending** \_\_\_\_\_

**Things my child/ren likes to do/Skills I would like my child/ren to develop** \_\_\_\_\_

\_\_\_\_\_