

St. Madeline Parish
Summer Camp
Registration Form

Student's Name _____ Age _____

Entering Grade _____ Date of Birth _____ Male _____ Female _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ E-Mail Address _____

Parents' Name _____ Cell# _____

Work# _____

Parents' Name _____ Cell# _____

Work# _____

Emergency Pick-Up other than parents whom will be called first:

1. Name _____ Relationship _____
Phone # _____ Cell # _____

2. Name _____ Relationship _____
Phone # _____ Cell# _____

The following person(s) may **NOT** pick-up my child(ren).

Medical Information: (ex. Allergies) _____

Registration Fee \$15.00 _____

All payments should be completed by the end of each month.

Parents' Signature(s): _____ Date _____

_____ Date _____

**St. Madeline
Summer Camp
Parents' Agreement**

I/We will not drop off my child(ren) prior to 7:00am or pick-up my child(ren) after 6:00pm.

I/We understand that if my child(ren) is/are not picked up by 6:00pm, there is a late fee of \$15.00 for each 15 minutes past 6:00pm.

I/We agree to the payment program.

Parents' Signatures: _____ Date _____
_____ Date _____

St. Madeline Parish

**Summer Camp
Permission Slip**

By signing this form, I _____

Certify that I give permission that my child

Be permitted to take part in walking trips around
Ridley Park every day from 6/18/18—8/24/18,
weather permitting.

I hereby release the teachers, aides, principal,
chaperons, church, Diocese and the school from all
liability and wave any claim against them.

Parent/Guardian Signature

Date