

# 2017 Quincy Catholic Academy Mini Camp Registration

## Application / Emergency Form for Mini Camps

Complete one application for **EACH CHILD** and check **EACH** of the camps they wish to attend

### STUDENT INFORMATION:

\_\_\_\_\_  
Last Name First Name Middle Name

Grade in Fall of 2017: \_\_\_\_\_

### CONTACT INFORMATION:

Mother/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### EMERGENCY CONTACT: (\*2 NAMES OTHER THAN PARENTS MUST BE LISTED)

Name/Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

MEDICAL CONCERNS/ALLERGIES: (Please note if your child requires an Epi-Pen or inhaler for any allergies they will need to be supplied to the camp.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PARENT AGREEMENT OF MINI CAMP POLICIES

I understand that payments must be made before the program begins.

I understand the time that camp ends and will be there promptly to pick up my child or be charged a fee of \$5.00 per ½ hour payable at time of pickup.

I understand that there is a code of conduct and that my child can be dismissed from the mini camp at the discretion of the teacher running the mini camp.

I understand that there are NO REFUNDS if my child is dismissed from the mini camp.

Child Name (Please Print): \_\_\_\_\_

Parent Name (Please Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_