

2019 Quincy Catholic Academy Mini Camp Registration

Application / Emergency Form for Mini Camp

STUDENT INFORMATION:

Last Name

First Name

Middle Name

CONTACT INFORMATION:

Mother/Guardian Name: _____

Address: _____

Phone Numbers: Home: _____ Work: _____

Cell: _____ E-Mail: _____

Father/Guardian Name: _____

Address: _____

Phone Numbers: Home: _____ Work: _____

Cell: _____ E-Mail: _____

EMERGENCY CONTACTS: (*2 NAMES OTHER THAN PARENTS MUST BE NOTED)

Name/Relationship to Student: _____ Phone: _____

Name/Relationship to Student: _____ Phone: _____

PLEASE LIST THE NAME(S), ADDRESS, CELL PHONE OF ANY ADULT (other than a parent) WITH PERMISSION TO DISMISS OR PICK UP YOUR CHILD.

NAME

ADDRESS

CELL PHONE

RELATIONSHIP

MEDICAL CONCERNS/ALLERGIES: (Please not if Epi-Pen is needed).

Parent Name (Please Print): _____

Parent Signature: _____ Date: _____