

SJF SUMMER CAMP REGISTRATION FORM

SUMMER 2011

Child's Name _____

Birth Date _____ Grade _____

Parent/ Guardian Information:

Name _____ Home Phone _____

Address _____

Employer _____ Work Phone _____

E-mail Address _____ Cell Phone _____

List of Persons authorized to pick your child/ren up from Summer Camp or in case of emergency:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

List all Food Allergies: _____

Medical Information:

Physician's Name _____ Phone _____

Medical Plan _____ Policy# _____ Member # _____

Hospital Preference _____

Parent or Guardian Signature _____ Date _____