

**St. Paul Summer Camp Program 2018
Registration Form**

Child's Name _____ Date of Birth _____

Mother's Name _____ Cell phone: _____

Father's Name _____ Cell phone: _____

Street Address _____

Town _____ State _____ Home phone: _____

DHS APPROVED

Weeks attending:

___ June 25- 29 ___ July 2-6 ___ July 9-13 ___ July 16-20

___ July 23-27 ___ July 30- Aug.3 ___ Aug. 6-10 ___ Aug. 13-17

***No summer camp on July 4th or Aug. 13th – legal holidays**

Any allergies or health issues: _____

If Parents Can Not Be Reached Please Call:

1. _____

2. _____

Who May Pick Up Your Child:	
Name	Phone Number

Please use other side for additional comments.