

# Camp St. Cecilia Registration Form 08

Theme - A Surprise

Religious Education Program

**CAMP REGISTRATION DATES:** Please mail in to the Religious Education Office or place in an envelope and drop it in the collection or at the Parish Office as soon as possible; we have a limited number of spaces.

**Final Registration Forms Due: Wednesday, June 11th, 2008**

**DATE:** Monday, July 7- Friday, July 11, 2008 (RAIN or SHINE)  
**TIME:** 9:00 a.m. to 12:30 p.m. **PLACE:** Grounds of St. Cecilia Church  
**GRADES:** Children entering Kindergarten through Grade 5 as of September 2008.  
Students entering Grade 6 in September 2008 will be Senior Campers.

**FEE:** \$20.00 for the 1st child and \$10 for each additional child \$40 maximum per family

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*Please fill out one form per child*

Child's Name: \_\_\_\_\_ M F  
Last First Middle Please Circle  
Age: \_\_\_\_\_ Grade completed June 2008: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Township: \_\_\_\_\_ Home Telephone No.: \_\_\_\_\_  
Father's Work No.: \_\_\_\_\_ Mother's Work No.: \_\_\_\_\_  
Father's Cell Phone No.: \_\_\_\_\_ Mother's Cell Phone No.: \_\_\_\_\_  
St. Cecilia parishioner YES NO

Tee-shirt Size: CHILD S(6-8) M(10-12) L(14-16) or ADULT S M L XL  
Please Circle One Please Circle One

**Does your child have any special medical needs, dietary needs, or allergies? YES NO**  
**If yes, please explain and fill out an "Allergy and Medical Condition" Form** \_\_\_\_\_

Are you registering additional children? YES NO

If yes, please list names: (1) \_\_\_\_\_ (2) \_\_\_\_\_  
(3) \_\_\_\_\_ (4) \_\_\_\_\_

**Emergency Contacts: (PLEASE PROVIDE 2 BESIDES YOURSELF WHO WILL BE AVAILABLE DURING CAMP HOURS)**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parents: Would you like to volunteer to help? YES NO (If yes, please fill out volunteer form)

Should emergency medical treatment be necessary and I am unable to be contacted immediately, I authorize the delegated agents of St. Cecilia to act on my behalf and approve appropriate treatment.

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
I specifically waive claim or claims that may be derived from any accident or injury sustained by my child. I further agree to indemnify and save harmless St. Cecilia, the Catholic Diocese of Metuchen, their staff, all volunteers, and all adult supervisors working on their behalf.

I further understand that parish representatives are NOT permitted to dispense medication.

Signature \_\_\_\_\_ Date \_\_\_\_\_