

CATHOLIC COMMUNITY OF SOUTH BALTIMORE  
REGISTRATION FORM: FAITH FORMATION SUMMER CAMP JUNE 27- 30, 2016

PLEASE PRINT

FAMILY NAME: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City and Zip Code)

PHONE NUMBERS:

(H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

EMAIL ADDRESSES: \_\_\_\_\_

EMERGENCY CONTACT:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
Father's Name (Last, First, Middle)

\_\_\_\_\_  
Religion

\_\_\_\_\_  
Mother's Name (Last, First, Middle)

\_\_\_\_\_  
Religion

PROGRAM COSTS

The cost of the program is \$200 per child. The cost of the program covers our expenses hiring camp counselors and purchasing materials. Please make checks payable to Catholic Community of South Baltimore.

Child's Name: \_\_\_\_\_ Circle one: Male Female

Date of Birth: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Any allergies or medication: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Circle one: Male Female

Date of Birth: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Any allergies or medication: \_\_\_\_\_

Student Name: \_\_\_\_\_ Circle one: Male Female

Date of Birth: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Any allergies or medication: \_\_\_\_\_