

**St. Paul Summer Camp Program 2016
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 27-July 1 ___ July 5-8 ___ July 11-15 ___ July 18-22

___ July 25-29 ___ Aug. 1-5 ___ Aug. 9-12 ___ Aug. 15-19

*No summer camp on July 4th or Aug. 8th – 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.