



CATHOLIC KIDS CAMP

FAMILY NAME _____

STREET ADDRESS: _____

CITY _____ STATE _____ ZIP CODE: _____

PHONE: _____ Email _____

*****PARENTS/GUARDIANS*****

Parents/Guardian

NAME: _____

PHONE: _____

PERMISSION TO PHOTOGRAPH YOUR CHILDREN

Photographs will be taken to be published in the bulletin.

_____ I do not want my children to be photographed while attending today's Catholic Kids Camp.

COMPLETE FOR EACH CHILD YOU WISH TO ATTEND

FAMILY LAST NAME _____

.....

STUDENT NAME: _____ GRADE IN FALL _____

GENDER: _____ BIRTHDAY _____

Health issues/needs medication _____

.....

STUDENT NAME: _____ GRADE IN FALL: _____

GENDER: _____ BIRTHDAY _____

Health issues/needs medication _____

.....

STUDENT NAME: _____ GRADE IN FALL: _____

GENDER: _____ BIRTHDAY _____

Health issues/needs medication _____

All medications must be turned into Day Camp Leaders to be kept in a secure location. Please notify parish coordinator Karen Stinson about any serious conditions that require close supervision.

Payment Information

Cost: Grades 1-6: \$10.00 per child

_____ Cash _____ Check _____ MC/Visa

\$ _____ Amount _____ Account

_____ Exp Date

Signature _____

St. Elizabeth Ann Seton
1023 McHenry Ave
Crystal Lake, IL 60014
815-459-3033