

Queen of Angels Catholic School Summer Camp

Queen of Angels /11340 Woodstock Road / Roswell, Georgia 30075 (770) 518-1804

Student's Name _____ Male Female

Student's Birthday: _____ - _____ - _____
month date year

Grade Just Completed: (circle one) **K - 1- 2 - 3- 4** **Week Of Camp:** *June 4-8, 2012*

Address _____
Street City

State/Zip Code

Father, Stepfather, Other _____ Mother, Stepmother, Other _____

Name Name

Address (If different) Address (If different)

Home Phone Home Phone (If different)

Work Phone Cellular Work Phone Cellular

Please check and explain concerning the following items - Applicant has:

- Allergies to foods. Description _____
- Physical disability of which school should be informed. Description _____
- Special current/recurrent illness. Description _____

The following people are emergency contacts, and/or people that I give permission to pick up my child:

1. _____
Name Phone Number

2. _____
Name Phone Number

Pediatrician _____
Name Phone Number

I understand that my child will not be released into custody of any person who is not authorized by appearing on this list. Also, in case of emergency, the school will make every reasonable effort to contact me and the physician named on this form. If this is not possible, Queen of Angels Catholic School has my permission to call 911, or to take my child to the nearest medical facility available.

Signature of Parent _____ Date _____

*Fee \$150 This is a **NON-REFUNDABLE** fee and it is due upon registration.

★ **T-shirt size:** _____ Youth Large _____ Adult small _____ Adult medium _____ Adult large _____ other

(ck.# _____ amt. _____)

For additional information contact: nherlihy@qaschool.org