

# 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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Parent Email \_\_\_\_\_  
Month date year (this is for camp updates only)

**Grade Just Completed:** (circle one) **K - 1- 2 - 3- 4** **Week of Camp:** **June 3 - 7, 2019**

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 \_\_\_\_\_ / \_\_\_\_\_ Cell Work Phone \_\_\_\_\_ / \_\_\_\_\_ Cell

### 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 \$160 This is a **NON-REFUNDABLE** fee and it is due upon registration.

**Make checks payable to QA Art Camp**

**RETURN COMPLETED FORMS AND PAYMENT TO THE FRONT OFFICE**

★ <b>T-shirt size:</b>	____ Youth small	____ Youth medium	____ Youth Large	____ Adult small	____ Adult medium
------------------------	------------------	-------------------	------------------	------------------	-------------------

(check# \_\_\_\_\_ amt. \_\_\_\_\_)

**For additional information contact:** [nherlihy@qaschool.org](mailto:nherlihy@qaschool.org)