



Summer Camp 2016

Registration Fee: \$10.00

Household Max: \$40.00

Cash Amt: _____

Check #: _____

Staff Initials: _____

Family Last name: _____ Parent names: _____

Phone # _____ Cell Phone # _____

Address: _____ Member of St. Martin's? Yes No

Second Emergency Contact Information:

Name: _____ Phone #: _____ Cell #: _____

Child's Name: Age/Grade: Allergies: Medications:

1.			
2.			
3.			
4.			
5.			

Details from above information:

I am available to help at Camp: YES NO

I am interested in helping with:

Set Prep: _____

Snacks: _____

Story Time: _____

Crafts: _____

Games: _____

No Preference: _____

I can be reached at: _____