

**SAINT PAUL SUMMER CAMP
CAMPER INFORMATION**

461 Alling Street, Kensington, CT 06037

*860-828-4343 *summercamp@stpaulkensington.org *<http://ourschool.stpaulkensington.org>

Child's Information (Please print legibly)

Child's Name _____ Name Called _____ Male Female
Address _____ City _____ State _____ Zip _____
Birth date ___/___/___ Age (as of registration date) _____ In 2020-2021 my child is in _____ grade.

Check all that apply to your child, or check "None" for those that don't apply:

Allergies (type) _____
 ADD ADHD Special needs _____

Family Information (check parent to contact for payment and other questions)

Mother/Guardian's Name _____
Home Address _____
City _____ State _____ Zip _____
Home # _____ Mobil # _____ E-mail Address _____
Employer _____ Work # _____ Ext. _____

Father/Guardian's Name _____
Home Address _____
City _____ State _____ Zip _____
Home # _____ Mobil # _____ E-mail Address _____
Employer _____ Work # _____ Ext. _____

Emergency Information

In case of emergency, please contact the following first: Mother/Guardian Father/Guardian
Child's Doctor _____ Doctor's Phone _____
Hospital Preference _____
Insurance Company _____ Policy # _____

If mother, father or guardian cannot be reached, call:

Name _____ Relationship to child _____
Home# _____ Mobile # _____ Work # _____
Name _____ Relationship to child _____
Home# _____ Mobile # _____ Work # _____

I hereby acknowledge that Saint Paul Summer Camp will assume that either parent of the child may pick up the child at any time during the program unless there is sufficient court documentation on file with Saint Paul Summer Camp that indicates otherwise. (Initials) _____

I hereby authorize Saint Paul Summer Camp to allow the following individual(s) to pick up my child (photo id will be required):

(initials) _____

(initials) _____

Person(s) not authorized to visit or pick up my child: (Court documentation must be attached if it is a parent)

(use a separate piece of paper for additional information if necessary)