



Catholic Day Camp Registration Form

July 22-25, 2024

9:00 am until 12:00 p.m.

\$30.00/student

For students entering Kindergarten through 6th grade

Family last Name: _____

Child's last name: _____ Child's first name: _____

Child's gender: Male Female Child's age: _____

Child's t-shirt size: (\$10/shirt)

Child XS Child S Child M Child L Child XL Adult S Adult M

Date of birth: _____ Last school grade completed: _____

Food allergies, dietary requirements (i.e., gluten free), medical conditions, or special needs:

Has the child received the sacraments of: (Please check if received)

Baptism Reconciliation Confirmation First Eucharist

Father's name: _____ Mother's name: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (____) _____

Parent/caregiver's cell phone: (____) _____

Home email address: _____

Home parish: _____

In case of emergency, contact: _____

Phone: (____) _____

Relationship to child: _____

Date Registration Received? _____	Total \$
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Personal Check: Check # _____ Credit Card: Approval code: _____

Please make checks out to "Prince of Peace" OR credit cards accepted in the parish office.

Fees and t-shirt order cost due at the time of registration and are non-refundable.