



2021 Camp Macks - Summer Program Registration Form

Child's Full Name: _____ D.O.B.: _____ CM I or II: _____

Child's Full Name: _____ D.O.B.: _____ CM I or II: _____

Child's Home Address: _____

❖ T-Shirt Size: _____ (xs-xxl) - - - Circle: Youth / Adult

CHECK THE APPROPRIATE BOX BELOW:

- Will provide a pool pass.
- Will provide money on pool days.

Please place an "X" in the box for the requested contract and # of days you are looking for this summer.

	3 days a week	4 days a week	5 days a week
Monthly Contract			
3 Month Contract			

CHECK A BOX BELOW

- Current St. Charles Early Childhood Family (Fill out Parent Information if anything has changed)
- New St. Charles Early Childhood Family (Fill out Parent Information)(We will send out the rest of the paperwork at a later date.)

PARENT INFORMATION

Parent/Guardian Name: _____ Parent D.O.B.: _____ SSN: _____

Address: _____

Place of Employment: _____ Work Phone: _____ Ext. _____

Cell or Home Phone: _____ Email address: _____

Catholic: Yes: ___ No: ___ If so, which parish: _____

Parent/Guardian Name: _____ Parent D.O.B.: _____ SSN: _____

Address: _____

Place of Employment: _____ Work Phone: _____ Ext. _____

Cell or Home Phone: _____ Email address: _____

Catholic: Yes: ___ No: ___ If so, which parish: _____

EMERGENCY CONTACT

Name: _____ BEST Phone #: _____ Relationship to child: _____

Parent/Guardian Print Name	Parent/Guardian Signature	Date

Parent/Guardian Print Name	Parent/Guardian Signature	Date