

HOLY SPIRIT SCHOOL 2021 SUMMER CAMP REGISTRATION FORM

Child Name: _____ DOB _____

Address: _____

Home # : _____

Work/ Cell Mom _____ Dad _____

Medical Information

Health Concerns/Allergies: _____

Pediatrician: _____ Phone #: _____

Emergency Hospital: _____

Additional Contacts for Emergency

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Authorization for Pick-Up (other than parents)

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

Please check weeks your child will be attending. If three days please indicate what days.

June 28 – July 2 _____ July 6 – July 9 _____ July 12 – July 16 _____

July 19 – July 23 _____ July 26 – July 30 _____ Aug 2 – Aug 6 _____

Before Care _____

After Care _____

I have read the reopening plan on hsseg.com/reopening/ and agree to comply with the guidelines outlined in the plan.