## Most Blessed Sacrament Catholic Church Children's Summer Camp Registration Form SUMMER 2022~MON-THURS 8:30am-12:30pm

| Family's Last Name:                            |                       | Child's Name (Last, First, Middle Initial) |                     |  |          | MBS Parishioner    Ves |   |  |  |
|--|-----------------------|--|---------------------|--|----------|------------------------|---|--|--|
|  |                       |  |                     |  |          | □ No                   | ) |  |  |
| Gender: ( ) Male ( ) Female                    | Birthday:<br>(MMDDYY) | Age:                                       | Nickname:           | Is Child Potty-trai                                |          |                        |   |  |  |
| Health Issues & Special Needs:                 |                       | Child's Favorite: Toy: Pet: Book:          |                     | Other Members of Family Household (By name & age): |          |                        |   |  |  |
| Father (Last Name, First Name, Middle Initial) |                       |  |                     | Mother (Last Name, First Name, Middle Initial)     |          |                        |   |  |  |
| Street Address                                 |                       |  |                     | Street Address                                     |          |                        |   |  |  |
| City/State/Zip                                 |                       |  |                     | City/State/Zip                                     |          |                        |   |  |  |
| Home Phone:                                    | Work F                | Phone:                                     | Cell Phone          | Home Phone:  | Work Pho | Phone: Cell Phone      |   |  |  |
| Home E-mail Address                            |                       |  | Home E-mail Address |  |          |                        |   |  |  |
| Work E-mail Address                            |                       |  |                     | Work E-mail Address                                |          |                        |   |  |  |
| Special Needs                                  | s/Requests:           |  |                     |  |          |                        |   |  |  |
|  |                       |  |                     |  |          |                        |   |  |  |

## **Most Blessed Sacrament Catholic Church** Children's Summer Camp Registration Form SUMMER 2022~MON-THURS 8:30am-12:30pm

|  |       |                         | IN CASE OF                     | FAN EMER        | GENCY                |                           |       |        |  |  |  |  |
|--|-------|-------------------------|--------------------------------|-----------------|----------------------|---------------------------|-------|--------|--|--|--|--|
| Emergency Contact  |       | Contact's Phone Number: |                                |                 |                      |                           |       |        |  |  |  |  |
| Relationship to Stud   |       | Doctor's Name:          |                                |                 |                      |                           |       |        |  |  |  |  |
| Doctor's Phone # :   |       |                         |                                |                 |                      |                           |       |        |  |  |  |  |
| RELEASE OF LIABILITY   |       |                         |                                |                 |                      |                           |       |        |  |  |  |  |
| I release Most Blessed Sacrament Discovery Center from liability for injuries and illnesses resulting from all |       |                         |                                |                 |                      |                           |       |        |  |  |  |  |
| circumstances, save gross negligence.  |       |                         |                                |                 |                      |                           |       |        |  |  |  |  |
| Signature of Parent  | or L  | egal Guardian: _        |                                |                 | Date:                |                           |       |        |  |  |  |  |
| List the names below of each person, other than parents, to whom your child may be released:                   |       |                         |                                |                 |                      |                           |       |        |  |  |  |  |
| Name:  |       |                         |                                |                 | Name:                |                           |       |        |  |  |  |  |
| Address:   |       |                         |                                |                 | Address:             |                           |       |        |  |  |  |  |
| Address.   |       |                         |                                | Addres          | Address.             |                           |       |        |  |  |  |  |
| Phone:   |       | Relations               | hip:                           | Phone:          | Phone: Relationship: |                           |       |        |  |  |  |  |
|  |       |                         | PROGRAM FE                     | ES & AGI        | REEME                | NT                        |       |        |  |  |  |  |
| Weekly Tuition F   | ee:   |                         | Summer Camp Registration       |                 | tion                 | Supply/Snack Fee:         |       |        |  |  |  |  |
| \$150  |       |                         | Fee (for one or for all weeks) |                 | eks):                | s): Included with Tuition |       |        |  |  |  |  |
|  |       |                         | \$50                           |                 |                      |                           |       |        |  |  |  |  |
|  |       |                         |                                |                 |                      |                           |       |        |  |  |  |  |
|  |       | _                       | child to attend Most           | Blessed Sa      | crament's            | s Discovery Center.       |       |        |  |  |  |  |
| I agree to pay \$20.00 late fee on tuition payments.   |       |                         |                                |                 |                      |                           |       |        |  |  |  |  |
| I understand the F   | Regis | tration and Supply      | y Fees are non-refui           | ndable.         |                      |                           |       |        |  |  |  |  |
| Signature of Parent or Legal Guardian: Date:   |       |                         |                                |                 |                      |                           |       |        |  |  |  |  |
|  |       |                         |                                |                 |                      |                           |       |        |  |  |  |  |
| MAKE   | 0     | Dates:                  |                                |                 | Can                  | np Theme:                 | Cost: | Notes: |  |  |  |  |
| CHOICES  |       | June 6-9,2022           |                                | Fairy Tales     |                      | \$150                     |       |        |  |  |  |  |
|  |       | June 27-30,202          |                                | Stars & Stripes |                      | \$150                     |       |        |  |  |  |  |
| HERE!!!!!  |       | •                       | 8:30am-12:30pm                 |                 |                      | sery Rhymes               | \$150 |        |  |  |  |  |
|  |       | July 18-21,2022         | 8:30am-12:30pm                 |                 | l "On                | ice Upon a Time"          | \$150 |        |  |  |  |  |