

CAMP CATHEDRAL REGISTRATION 2019 (Please complete entire form)

Family Last Name: _____

Address: _____

Home Phone: _____ Home Email: _____

Father/Guardian 1:

Name: _____ Work Phone: _____ Cell Phone: _____

Mother/Guardian 1:

Name: _____ Work Phone: _____ Cell Phone: _____

Child's Name:	Birthdate:	Grade Entering Fall 2019:	School Attending Fall 2019:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Drop off Time: _____ (no earlier than 7:30 a.m.) Pick up Time: _____ (no later than 5:30 p.m.)

Please mark an "X" through all days you wish to schedule for your child(ren) to attend Camp Cathedral. You may modify this schedule in the future, but to ensure proper staffing, we will require at least two weeks advance notice for changes.

JUNE				
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

JULY				
1	2	3		
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

AUGUST				
			1	2

Please submit this form and \$90.00 activity fee per child (check payable to Aquinas Catholic Schools) to any ACS school office. Registrations will be accepted until the camp is at capacity.

I agree to the policies listed in this brochure.

Parent Signature: _____ Date: _____

Parent name (please print): _____

FOR OFFICE USE: date rec'd: _____ amount: _____ CK#: _____ initials: _____