

St. Luke Summer Day Camp

For the security of your child(ren), please provide the following information:

Camper's Name(s): _____

Mother's Name: _____

Work #: _____ Cell #: _____

Father's Name: _____

Work #: _____ Cell #: _____

Step-Mother's Name (if applicable): _____

Work #: _____ Cell #: _____

Step- Father's Name (if applicable): _____

Work #: _____ Cell #: _____

Home Address: _____

City: _____ Zip: _____

Campers must have written permission from a parent or guardian to leave camp with an individual other than the custodian.

Please provide a complete list of all persons allowed to pick up your camper(s). Please indicate if you have given this individual a carline card:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Car Card: Yes No

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Car Card: Yes No

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Car Card: Yes No

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Car Card: Yes No

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Car Card: Yes No

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Car Card: Yes No

Please indicate anyone who CANNOT pick up your camper(s): _____
