

# St. Luke Neighborhood Children's Program Application Form Summer Day Camp 2019

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ M/F \_\_\_\_\_

School \_\_\_\_\_ Grade in Fall 2019 \_\_\_\_\_

Parent or Guardian with whom child resides:

Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Place of Business—mother \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell \_\_\_\_\_

Place of Business—father \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell \_\_\_\_\_

Person responsible for payment, if different from above:

Name \_\_\_\_\_

Home Address/Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell \_\_\_\_\_

List any allergies, medical conditions or special needs:

No known allergies, medical conditions or special needs ☐ (Please check here if applicable)

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I understand that this is an application and that, upon acceptance, my child will be able to register for the St. Luke NCP Summer Day Camp Program. **The enclosed \$25 application fee is non-refundable unless my child is not accepted.** If I withdraw my application. I will forfeit the deposit.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

===== Office Use Only =====

Rcv'd: Date \_\_\_\_\_ Time \_\_\_\_\_

Fee pd \_\_\_\_\_ Accepted \_\_\_\_\_ Withdrawn \_\_\_\_\_

Fee ret \_\_\_\_\_ Notified \_\_\_\_\_ Reason for withdrawal \_\_\_\_\_

Paperwork complete \_\_\_\_\_