



ST. GEORGE CATHOLIC CHURCH AND SCHOOL

MUSIC CAMP REGISTRATION

PARTICIPANT'S INFORMATION

Child's name: _____

Date of birth: _____ Child's age: _____

Last school grade completed: _____



CONTACT INFORMATION

Name of parent(s): _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Home telephone: _____

Parent/caregiver's cellphone: _____

EMERGENCY CONTACT INFORMATION

Allergies, medical conditions, or special needs:

In case of emergency, contact: _____

Relationship to child: _____ Phone: _____

Office Use Only:

Paid Information Inputed