

**Camp Koala and Summer Workshops
Registration Form
Summer 2019**

850 Hylan Boulevard, Staten Island, New York 10305
Office Phone: 719-981-1187 ext. 9136
Fax: 718-448-7016

PLEASE PRINT

FAMILY LAST NAME: _____ Child's First Name: _____

SEX Male Female Entering Grade (Sept. 2019) _____ Date of Birth ____/____/____

School (if not SJHA) _____

Will any siblings also be attending? YES NO

EMAIL ADDRESS _____

HOME ADDRESS: _____ HOME PHONE _____

CITY, STATE, ZIP _____ CELL PHONE _____

Parent/Guardian 1 FULL NAME _____ WORK PHONE _____

CELL PHONE _____

Parent/Guardian 2 FULL NAME _____ WORK PHONE _____

CELL PHONE _____

OTHER ADULTS AUTHORIZED TO PICK UP – PLEASE PROVIDE CELL PHONE NUMBERS WHEREVER POSSIBLE

NAME: _____

RELATIONSHIP _____ CELL PHONE _____

NAME:

RELATIONSHIP _____ CELL PHONE _____

IN THE EVENT OF EMERGENCY, WHO SHOULD BE CONTACTED FIRST?

ALLERGIES OR SPECIAL NEEDS _____

(Signature of Parent/Guardian) & Date

(If your child is not a St. Joseph Hill Academy student please submit an up to date medical from their doctor.)**