

St. Rose of Lima Academy Day Camp

52 Short Hills Avenue, Short Hills, NJ 07078

Registration Form

Please return the registration form and pick-up information.

Student Name: _____ Present Grade: _____ Birth Date: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Parent/Guardian Name(s): _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Does your child have any allergies? _____

Does your child have any special medical conditions? _____

Doctor's Name: _____ Phone Number: _____

Week(s) attending: _____

The following people have permission to pick-up your child. We will only release children to the following people.

Name: _____ Phone Number: _____

Relationship to Child: _____

Name: _____ Phone Number: _____

Relationship to Child: _____

Parent/Guardian Signature: _____ Date: _____