

Kehoe-France Northshore Day Camp Application 2020

25 Patricia Drive * Covington, LA 70433

(985) 892-4415

\$275.00 per week in advance

Application Date_____

Session 1 (June 8 th - 12 th)_____	Session 4 (July 6 th - 10 th)_____
Session 2 (June 15 th - 19 th)_____	Session 5 (July 13 th - 17 th)_____
Session 3 (June 22 nd - 26 th)_____	Session 6 (July 20 th - 24 th)_____

Child's Name_____Date of Birth_____Sex _____ Age_____ Grade in Fall_____

First Last

Child's Address_____

Street Address City State Zip Code

Home Phone:_____ Alternate Phone_____ Student's Current School_____

Parent/Guardian Information

Father/Guardian's Full Name: (Mr. Dr. etc.)_____

Father/Guardian's Home Address_____

Employer_____ Work Phone:_____ Cell Phone_____

Email _____

Mother/Guardian's Full Name: (Mrs. Dr. etc.)_____

Mother/Guardian's Home Address_____

Employer_____ Work Phone:_____ Cell Phone_____

Email _____

Parents are (circle one): Married Divorced Other (explain):_____

With whom does child reside? Name:_____ Relationship: _____

List Family members who formerly attended Kehoe-France Day Camp:

<u>Name</u>	<u>Relationship</u>	<u>Dates Attended</u>
_____	_____	_____
_____	_____	_____

Medical Conditions

Is there any medical, mental, physical, psychological or other condition which could possibly hinder the applicant's participation in Camp, physically or otherwise? If so, please share this information with us._____

Person to be contacted if parents cannot be reached:

Friend/Relative	Relationship	Phone Number
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In case of injury or serious illness, I request the day camp to contact me. If the day camp is unable to reach me, I hereby authorize the day camp to call and or/release my child(ren) to the persons indicated above.

Parent/Guardian signature

Kehoe-France Day Camp does not discriminate on the basis of race, color, national or ethnic origin.