Kehoe-France Northshore Day Camp Application

25 Patricia Drive * Covington, LA 70433
(985) 892-4415
$250.00 per week in advance

Application Date_____

Session 1 (June 11th – June 15th)____	Session 4 (July 9th – July 13th)____
Session 2 (June 18th – June 22nd)____	Session 5 (July 16th – July 20th)____
Session 3 (June 25th – June 29th)____	Session 6 (July 23th – July 27th)____

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:

Name	Relationship	Dates Attended
_____	_____	_____
_____	_____	_____

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

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.