



OUR LADY OF SORROWS  
PRE-K - 8  
CATHOLIC ELEMENTARY SCHOOL

# OUR LADY OF SORROWS SCHOOL

Our Lady of Sorrows-Saint Anthony Parish, Hamilton, NJ

## 2018 SUMMER CAMP

### Registration Form

**PLEASE PRINT CLEARLY**

Sessions Requested (Letter code and days of the week): \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Sex of Child \_\_\_\_\_ Child's Age at start of session \_\_\_\_\_

Registered Parish: \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Religion \_\_\_\_\_

Father's Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's email address: \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Work Number \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's email address: \_\_\_\_\_

#### FAMILY INFORMATION

Please list ALL family members other than the child registered that live in your household. Specify name, age and relationship of each person to child.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please attach an explanation of extraordinary family circumstances if it applies. This will help us service your child better. If there are any custody concerns, please indicate.

Signature of Person Responsible for Picking Up Your Child: \_\_\_\_\_

Signature of Person Responsible for Payment of Child's Tuition: \_\_\_\_\_