

# Childcare Form

Catholic Kids Camp 2017

Name of Nursery Child: \_\_\_\_\_

Gender: Male    Female

Age as of 7/1/17: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Major Health Concerns: \_\_\_\_\_

Name of Adult Volunteer: \_\_\_\_\_

**PRINT CLEARLY** Please provide an email address that is checked regularly, you will receive all information thru email from [stphiliptxvbs@gmail.com](mailto:stphiliptxvbs@gmail.com).

Please be sure to check junk email frequently over the summer for updated information.

Email: \_\_\_\_\_