



OLR SUMMER DAY CAMP APPLICATION FORM

Child(ren)s name(s) _____

Date(s) of birth _____ Age(s) _____ Grade(s) entering in fall _____

School _____ Parish _____ Religion (optional) _____

Mother's name _____

Father's name _____

Child(ren) are living with (circle): Both parents Mother Father Guardian

Street address _____ City _____ Zip _____

Home phone number _____

Cell phone numbers _____

Mother's work number _____

Father's work number _____

Are there any medical, social, family or other situations we should be aware of?

Return application, emergency medical form, pick-up info sheet, registration fee (\$10.00 per child, with \$15.00 max per family) and any camp payments you'd like to make (**checks payable to: OLR**) to:

OLR Summer Camp
c/o Mr. Joseph Roalef
190 E Alex Bell Rd
Centerville OH 45459