

CYO DAY CAMP – YARDVILLE

EXTENDED CARE

NAME OF CHILD		AGE	DATE OF BIRTH	MALE	FEMALE
ADDRESS			CITY		
MOTHER'S NAME			FATHER'S NAME		
HOME PHONE #			HOME PHONE #		
WORK PHONE #			WORK PHONE #		
CELL #			CELL #		

WS _____	SES. 1 _____	SES. 2 _____	SES. 3 _____	SES. 4 _____
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AM ONLY _____	Drop Off Time: _____
PM ONLY _____	Pick Up Time: _____
AM and PM _____	Drop Off Time: _____ Pick Up Time: _____

PICK UP AUTHORIZATION
PLEASE LIST ANY ADDITIONAL PEOPLE PERMITTED TO PICK UP YOUR CHILD FROM THE CYO DAY CAMP

NAME	PHONE #	RELATIONSHIP
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NAME	PHONE #	RELATIONSHIP
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NAME	PHONE #	RELATIONSHIP
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