

# REGISTRATION FORMS FOR THE HCA SUMMER STREAM & DRAMA CAMPS

I AM REGISTERING FOR: \_\_\_\_\_ 2019 HOLY CROSS DRAMA CAMP, location: St. Michael School

I AM REGISTERING FOR: \_\_\_\_\_ 2019 STREAM Express SUMMERCAMP (please check one location below)

\_\_\_ St. Michael School, 3431 St. Michael Blvd. NW, Canton, OH 44718

\_\_\_ Walsh University, Hannon Center, 2020 East Maple St., N. Canton, OH 44720

\_\_\_ I have no location preference

## Child's Information

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's Age: \_\_\_\_ (Must be entering K – 6th for STREAM Camp and 2<sup>nd</sup> – 8<sup>th</sup> grade for DRAMA Camp)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Name of School \_\_\_\_\_

## Parent / Guardian Information

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Phone #1 \_\_\_\_\_ #2 \_\_\_\_\_

Email #1 \_\_\_\_\_ #2 \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Phone #1 \_\_\_\_\_ #2 \_\_\_\_\_

Email #1 \_\_\_\_\_ #2 \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Phone #1 \_\_\_\_\_ #2 \_\_\_\_\_

Email #1 \_\_\_\_\_ #2 \_\_\_\_\_

## Emergency contact information: (We will contact these individuals if you cannot be reached)

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone #1 \_\_\_\_\_ #2 \_\_\_\_\_

Email #1 \_\_\_\_\_ #2 \_\_\_\_\_

Permitted to pick up your child? \_\_\_\_ YES \_\_\_\_ NO (Please be prepared to show ID)

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone #1 \_\_\_\_\_ #2 \_\_\_\_\_

Email #1 \_\_\_\_\_ #2 \_\_\_\_\_

Permitted to pick up your child? \_\_\_\_ YES \_\_\_\_ NO (Please be prepared to show ID)

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone #1 \_\_\_\_\_ #2 \_\_\_\_\_

Email #1 \_\_\_\_\_ #2 \_\_\_\_\_

Permitted to pick up your child? \_\_\_\_ YES \_\_\_\_ NO (Please be prepared to show ID)