



**ST. JUDE'S ACADEMY**  
**MARCH CAMP**

Camper's Legal Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ (please check one)

Last year of school complete: \_\_\_\_\_ Age: \_\_\_\_\_

School currently attending: \_\_\_\_\_

Parent/Guardian (1) Name: \_\_\_\_\_

Phone Numbers: (cell) \_\_\_\_\_ (other) \_\_\_\_\_

Parent/Guardian (2) Name: \_\_\_\_\_

Phone Numbers: (cell) \_\_\_\_\_ (other) \_\_\_\_\_

Emergency Contact (1) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact (2) Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your Camper have any known allergies and/or exceptionalities and/or take any medications? Yes \_\_\_\_\_ No \_\_\_\_\_ (please check one)

If "Yes" please provide details:

\_\_\_\_\_

\_\_\_\_\_

EpiPen User? Yes \_\_\_\_\_ No \_\_\_\_\_ (please check one)

Health Card # \_\_\_\_\_

Camp Week (s) selected: Please check week(s)

\_\_\_\_ Week 1 March 13-17 \_\_\_\_ Week 2 March 20-24

Lunch Options:

\_\_\_\_ No Meal Plan

\_\_\_\_ Meal Plan

If Meal Plan is selected, please select:

MON: \_\_\_\_ Penne & Sauce \_\_\_\_ Penne with Butter

TUES: \_\_\_\_ 2 Chicken Fingers \_\_\_\_ Grilled Cheese

WED: \_\_\_\_ 2 Pancakes

THURS: \_\_\_\_ Beef Hot dog \_\_\_\_ Chicken Hot dog \_\_\_\_ Grilled Cheese

FRI: \_\_\_\_ Mac & Cheese