

DIOCESE OF NEW JERSEY

Choir Camp at Holiday House/Church of the Advent

Registration: Summer 2024

Please fill out the entire form, sign and return. Each child should have a separate form. Your child will not be enrolled until this form is completed.

Child's Name _____

Address _____

Parent/Guardian Names _____

Cell phone number _____ Home number _____

Child cell number _____ Child email _____

Parent email _____ Child's date of birth ____/____/____

School and grade this year _____

HEALTH INFORMATION

Emergency contact name & relationship _____

Emergency contact cell phone number _____

Do you have health or medical insurance? *(It is not required)* Yes _____ No _____

Any chronic conditions, food allergies or other: _____

Medication: _____ Dosage: _____

Specific times taken each day _____

Reason for taking: _____

Additional medications: _____

Date of last tetanus shot: _____

Physician's name & phone: _____

Is there anything else you would like us to know about your child? *All information is kept in strict confidence.*

I give my permission for photographs and/or video footage of my child to be used by the Diocesan Choir Camp and its various programs for promotional purposes (brochures, websites, promotional videos, presentations, and the like). I understand that only my child's first name may be used.

Chorister's Signature _____ Date _____

Adult/Guardian Signature _____ Date _____