



# ST. PATRICK WINTER PROGRAM

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## WINTER 2020 REGISTRATION FORM

### CHILD'S INFORMATION

Name: \_\_\_\_\_ Gender:  Male  Female  
Last First

Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### EMERGENCY CONTACTS

Name	Relationship to Camper	Telephone
_____	_____	_____
_____	_____	_____