

OAKHILL DAY CAMP

NAME: _____

RISING GRADE: _____

ALLERGIES: _____

MEDICAL CONCERNS (IF YOUR CHILD NEEDS ANY DAILY MEDICATION PLEASE LIST):

PARENT/GUARDIAN CONTACT INFORMATION

PARENT/GUARDIAN: _____

PHONE NUMBER: _____

EMAIL: _____

ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR CHILD?

Submit this form to Oak Hill Presbyterian Church (4111 Connecticut St. St Louis, MO 63118) to reserve your spot at camp! We'll have a small bit of additional paperwork (a liability release) to be completed when you drop off your child on the first day of camp. Thank you!

For more information:

www.oakhillpcusa.org

(c) 314-828-9792

oakhill.daycamp41@gmail.com