



ST. JOSEPH PARISH
THE JESUIT PARISH IN SEATTLE

Camp Give Back

Please print/type

Participant name: _____ Grade in Fall of 2020: _____

School: _____ Birth date: _____

Parent Name(s): _____

Home Address: _____

City

Zip Code

Alternate home Address: _____

(If different from 1st address listed above.)

City

Zip Code

Home Phone(s): _____ & _____

Parent Cell Phone: _____ & _____

Emergency Contact: _____

Relationship: _____ Emergency Contact Phone #: _____

Health Information

Any food allergies or dietary needs (vegan, vegetarian, dairy or gluten free, etc.)? _____

Other health concerns/allergens (latex, detergents, etc...)/medications/social-emotional needs?

People authorized to pick child up other than listed parent/guardian/emergency contact:

If possible, please place my son/daughter in a group with (name one or two other campers):

PARENTS: Would you like to help with chaperoning service projects? If so, what dates/times might you be available?

Questions or concerns? Contact Julie Tilghman 206-349-4217

Email or mail this form to St. Joseph Parish ASAP.

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