



Bishop McManus Academy

13123 I-10 Service Rd. 70128 | (504) 246-5121 | www.bishopmcmanus.com

Summer Camp Application 2019

Grade Level 2019-20: _____

Applicant Information:

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Mother's Name: _____ Email: _____
Home Phone: _____ Cell Phone: _____

Father's Name: _____ Email: _____
Home Phone: _____ Cell Phone: _____

Medical Information (include allergies to medications, foods, other substances, etc.):

Child's Doctor Name and Phone: _____

Emergency Contacts:

Full Name: _____ Relationship: _____
Cell Phone: _____

Full Name: _____ Relationship: _____
Cell Phone: _____

Full Name: _____ Relationship: _____
Cell Phone: _____

Persons allowed to pick up child:

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

Full Name: _____ Relationship: _____

Disclaimer and Signature:

I authorize BMA to allow an authorized medical personnel to provide emergency medical care in the event that neither I, my spouse, alternate contact(s), nor my child's doctor can be located immediately.

I give my permission for my child to take part in school activities, including sports and field trips away from school premises. I absolve Bishop McManus Academy from all liability because of injury to my child at school, while transporting or during any of these school-sponsored activities.

Parent's Signature: _____ Date: _____