Parent Information Packet

This document provides you and your students' parents/guardians with important information. Please review carefully and make copies for each of your parent/guardian(s).

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Dear Parent(s)/Guardian(s),

Thank you for allowing your child to participate in CYO Camp’s Outdoor Environmental Education program. This exciting educational experience will enhance the growth of your child and their entire class. The program offers a blend of age-appropriate science curriculum aligned with the Next Generation Science Standards and retreat style activities fostering social, spiritual, and academic development. As a parent, you need to familiarize yourself with the following information as your child embarks on his/her camp experience.

**Our Facility**
The facilities at CYO Camp and Retreat Center include a full service kitchen and dining room, heated cabins, full service restrooms with individual showers, campfire circles, cleared nature trails, swimming pools, and a lake for canoeing and group study. The students sleep on bunk beds equipped with mattresses. The camp facilities are certified by the American Camp Association for group use and meet or exceed Health Department standards.

**What to pack**
Take a look at the attached *Suggested Packing List*. If your child is coming in the winter remember to pack several layers of clothing, waterproof boots, a winter hat, mittens or gloves, and lots of socks. The Sonoma Coast region experiences rain from October through April and rain gear is very important during those months. We suggest that you check the forecast for the week of your child’s trip and pack accordingly. Please label all belongings including luggage. We suggest you encourage your child to pack items that can get wet and/or dirty. Throughout the trip your child will be spending much of their time outside. Please make sure he/she is prepared for the elements.

**Health Services**
It is absolutely mandatory that a CYO Camp Youth Health Form is completed and signed for your child. This form should be given to the teacher attending with the class. **Without a completed and signed health form, your child cannot remain at CYO Camp.** Please review the medication instructions stated on the health form so that we can meet your child’s medical needs to the best of our ability. Your child’s teacher will be responsible for dispensing any prescription medications while at camp.

If your child becomes ill during camp, you will be responsible for making travel arrangements to get him/her home. In order to prevent the spread of infection, and because our Health Center is not intended for overnight stays except in emergencies, sick children must recover at home. They are welcome to return to camp upon recovery. **If you need to reach your child after hours in an emergency, please call your child’s teacher.**

**Mail**
You are welcome to send letters to your child while they are at camp. Please send them the week before to assure arrival at camp during your child’s stay. Remember to write upbeat, encouraging words. Letters that focus on missing your children lend to homesickness. Please send mail to the following address: Name of Student, Name of School, CYO Camp, 2136 Bohemian Hwy. Occidental CA 95465.

We believe an outdoor education experience at CYO Camp will greatly enhance each student’s scholastic experience and benefit their overall education immensely.

Thank you!
SUGGESTED PACKING LIST

Please note that CYO Camp will not be held responsible for lost items. Please do not send irreplaceable, breakable, or expensive items with your child. Please also impress upon your child the need to keep track of her/his belongings during the week.

CYO Camp uses the forest as a classroom: please be aware that anything that comes to camp may return home dirty, damp, or muddy. For schools attending in the winter months, please keep in mind that your children will be outside except in cases of extreme weather. Please send your child prepared for extended outdoor rainy weather activities.

Please send a lunch with your child for the first day of camp. Avoid sending lunch boxes and Tupperware.

***PLEASE WRITE YOUR CHILD’S NAME ON EVERYTHING***

<table>
<thead>
<tr>
<th>Clothing</th>
<th>Hygiene Gear</th>
<th>Hygiene Gear</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 pairs of Jeans or Outdoor pants</td>
<td>2 Towels &amp; 1 Wash Cloth</td>
<td>Deodorant</td>
</tr>
<tr>
<td>4 Tee Shirts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Sweaters or Sweatshirts</td>
<td>Soap</td>
<td></td>
</tr>
<tr>
<td>2 Turtlenecks or Thermals</td>
<td>Toothpaste &amp; Toothbrush</td>
<td></td>
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<tr>
<td>1 or 2 Warm Jackets</td>
<td>Lip Balm</td>
<td></td>
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<tr>
<td>Swimsuit/Shorts</td>
<td>Hairbrush/Comb</td>
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<tr>
<td>6 pairs of underwear</td>
<td>Shampoo/Conditioner</td>
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</tr>
<tr>
<td>8 pairs of socks</td>
<td>Cabin Gear</td>
<td></td>
</tr>
<tr>
<td>Mittens or Gloves</td>
<td>Sleeping Bag or 2 Blankets/ Pillow</td>
<td>Dirty Clothes Bag (Plastic Bag, Pillow Case)</td>
</tr>
<tr>
<td>Warm Hat, Cap, or Ear Muffs</td>
<td></td>
<td>Stationery, Envelopes, &amp; Stamps</td>
</tr>
<tr>
<td>Pajamas</td>
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<tr>
<td>2 pairs of shoes (Tennis, Running, Hiking Boots)</td>
<td>Book or Magazines</td>
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<tr>
<td>Sandals (For Showering)</td>
<td>Stuffed Animals Welcome</td>
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<tr>
<td>Robe <em>Optional</em></td>
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<td></td>
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<tr>
<td>Rain Gear</td>
<td>Disposible Camera</td>
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<tr>
<td>Waterproof* pants (nylon, plastic or vinyl)</td>
<td>Flashlight and Water Bottle</td>
<td></td>
</tr>
<tr>
<td>Waterproof* jackets (nylon, plastic or vinyl)</td>
<td>Back-pack (large enough for water bottle + extra clothing)</td>
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<tr>
<td>*Water resistant is insufficient</td>
<td>Sunscreen</td>
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</tr>
</tbody>
</table>

The packing list above is based on a 5-day trip to CYO Camp. If your child will be attending for fewer days please adjust accordingly.

Medications: All medications must be in the original container and given to the teacher before departing school.

<table>
<thead>
<tr>
<th>PLEASE DO NOT BRING THE FOLLOWING ITEMS</th>
<th>PLEASE DO NOT BRING THE FOLLOWING ITEMS</th>
<th>PLEASE DO NOT BRING THE FOLLOWING ITEMS</th>
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</thead>
<tbody>
<tr>
<td>Food (Please bring a lunch for Day 1)</td>
<td>Money</td>
<td>Matches or Lighters</td>
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<tr>
<td>Candy &amp; Gum</td>
<td>Body Spray (Deodorant OK)</td>
<td>Make-up</td>
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<tr>
<td>Radios</td>
<td>Cell phones/ Tablets/ Readers</td>
<td>Hair Spray/Gel</td>
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<tr>
<td>iPods &amp; Handheld Gaming Devices</td>
<td>Electronic Games</td>
<td>Jewelry</td>
</tr>
<tr>
<td>Knives</td>
<td>Curling Irons/ Flat Irons / Hair Dryers</td>
<td>Any item of value</td>
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</table>
Parent Information for Health Services at CYO Camp

Our health service practices are shaped by regulations and/or guidelines from entities such as American Camp Association, Association of Camp Nurses, and state of California. Please contact your school or if you have further questions.

HEALTHCARE PLAN
We partner with you and your child’s classroom teacher to provide a safe and healthy experience for your student. You know your child’s health needs; we know the capabilities of our program. Our healthcare plan is designed to complement the growth and development needs of children and youth within normal parameters.

HEALTH FORMS
Each health form is reviewed by your classroom teacher prior to child’s stay at CYO Camp. If they have a question, they will contact you for clarification. We rely on the information you provide to care for your student. Please complete your student’s health form thoroughly and return to your school as soon as possible.

About Camp and Your Child’s Health
We ask that your child be healthy upon arrival and ready to participate in the OEE experience. If you have questions or concerns contact us! We reserve the right not to admit a person who poses a communicable illness threat.

Our program has a busy schedule filled with activity. Students live with eight or more people in a cabin. Prepare your child so these experiences are exciting rather than intimidating.

Our program expects that students can meet their own personal needs, can move independently from place to place and are capable of community living in our cabin environment.

Community living skills are new for many students. Your child may appreciate knowing that his or her bedroom will be shared with many other people and everyone sleeps in bunk beds. Talk with your child about picking up personal items, the noises people make when they sleep and whether a top or bottom bunk would be best.

CYO Camp Staff
The OEE staff at CYO Camp has been certified in CPR and Community First Aid. The teachers from your school are responsible for dispensing all prescription medication during their stay.

Healthcare Facilities
Sonoma West Medical Center is approximately 6.5 miles away.

Scope of Service
The scope of service provided by our staff is limited to care of routine illness and injury; we do not have physicians in residence. We do, however, have medical protocols signed by our supervising physician so care for common problems is available. We stock over-the-counter medications which are dispensed as directed in our protocols. Your student will be referred to the local medical community when need is beyond the scope of our care.

Treatment of Chronic Health Concerns
We expect children with chronic health concerns (i.e. asthma, allergies, diabetes) to be capable self-managers and to bring the supplies they need to manage their diagnosis. Because treatment modalities vary, our staff relies on your student’s familiarity with and ability to do their own treatments. Our staff will provide general oversight and partner with your student to follow individual treatment plans and/or strategies to facilitate your student’s care.

Asthma, Diabetes, Anaphylaxis Forms
Use the appropriate form to tell us about your child’s treatment plan. Special forms have been developed for asthma, diabetes, and anaphylaxis. These forms can be requested from your school and found on our website.
MEDICATION
All medication, with the exception of some inhalers and Epi-Pens, is collected by the teachers at the school before departure. Once at camp, all medication is required by state law to be kept locked in the Health Center with the exception of emergency medication.

Stocked Medication
The CYO Camp Health Center stocks the following over-the-counter (OTC) medications and remedies; please do not send these with your student. CYO Camp Staff have medical protocols from the camp physician which directs the use of these medications for common and routine human health problems. Use the health form to indicate which of our stocked OTC remedies should not be given to your student:

<table>
<thead>
<tr>
<th>Acetaminophen (Tylenol)</th>
<th>Diphenhydramine (Benadryl)</th>
<th>Chloraseptic Spray (Sore Throat)</th>
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</thead>
<tbody>
<tr>
<td>Ibuprofen (Motrin, Advil)</td>
<td>Docusate Sodium (Stool Softener)</td>
<td>Tums</td>
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<tr>
<td>Pseudoephedrine (Sudafed)</td>
<td>Loperamide HCL (Anti-Diarrhea)</td>
<td>Cough Drops</td>
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<tr>
<td>Guifenesin DM (Cough Medicine)</td>
<td>Silver Sulfadiazine</td>
<td>Calagel / Aloe Vera Lotion</td>
</tr>
<tr>
<td>TechNu Extreme (Poison Oak)</td>
<td>Hydrocortisone Cream</td>
<td>Cola Syrup</td>
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</tbody>
</table>

If you are Sending Medication with Your Camper
- Send enough for your child’s entire stay.
- Place the medications in a zip lock bag with your child’s full name, Village and session.
- Each medication must come in its original and appropriately labeled bottle/container, including vitamins and other nutritional supplements.
- Do not mix medications.
- Do not presort medications into a daily medication box or container.
- Use the health form to record the medication and explain why your child is using the medication.
- Our staff expect that medication indicated on the health form will arrive with the camper. If a medication status changes, notify us in writing of that change.

Prescription Medication
- Must come in a pharmacy container with a legible label in the camper’s name.
- Must be labeled with the camper’s name, the name of the medication and current instructions for administration.

NOTE: CYO Camp must follow labeled directions. If there is a change to your camper’s medication, make sure the label correctly reflects that change, or please have your healthcare provider write a new prescription with the change of dosing and send that with your child. It must be signed and dated by the healthcare provider.

Over-the Counter Medication
- Must come in its original container with a legible label.
- Must have the camper’s first and last name clearly written in indelible ink on the container but in a place which does not obscure label information.
- Must be appropriate to the age of the child with the proper dosing information.
- If different, please send your healthcare providers instructions, signed and dated by him/her.

Methods for Treating Common Problems
We are sensitive to the fact that there are different ways to treat common health problems. If your child is susceptible to sore throats, headaches, and/or upset stomach and you have identified a treatment to which your child responds, please share that information with us by writing it on the health form. We may not be able to provide exactly the same treatment, but we will complement it as our regulatory agencies and laws allow.
Insulin and Other Injections
We expect that students who use injectables (e.g. insulin injections, growth hormone shots) are capable of doing their own injection. CYO Camp staff are not permitted to administer injections. Refrigeration, a sharps container, and alcohol preps are available.

Please send your entire student’s medication and the necessary syringes with them to camp.

Communicable Disease
Please notify your school and CYO Camp if your child is exposed to a communicable illness within the three weeks prior to arriving at camp. We are especially concerned about chicken pox, mumps, sore throat, colds, and flu.

Head Injuries/Concussion Protocol
It is the policy of Catholic Charities that all head injuries be evaluated by an advanced medical health professional before rejoining programming.

Head Lice or Nits
Because our program has a “no nits” policy, if a child is found to have nits once they are at camp, you will be contacted to pick up your child per our medical protocols. In addition, please instruct your student not to share items such as brushes, hats, pillows, hair ties and clothing with other people.

COMMUNICATING HEALTH ISSUES WITH PARENTS AND GUARDIANS
Our staff and the teachers from your school will make due diligence to contact you by phone if your child has need for out of camp health care. The phone numbers you provide on your student’s health form will be used. Please make sure that we know how to reach you at all times during your child’s stay.

We generally do not contact you if your child is seen in the Health Center for routine problems (e.g. skinned knee, sore throat, bee sting, headache, upset stomach). We will call if we have questions determined on a case-by-case basis by the CYO Leadership staff. If you would like us to do something different, attach a letter to your child’s health form explaining your alternate plan.

A child’s usual response when not feeling well is to tell the parent or guardian. Sometimes children at camp react the same way – they write a letter telling you how they feel and may not consider telling their cabin leader or their teacher. Talk with your child and explain that the cabin leader, staff, and teachers are there to help.

Please instruct your student to tell these people about their needs so care can be provided…because we care!!
Dates attending camp: from _______________ to _______________

Camper Name: ____________________________________________

□ Male    □ Female    Birth Date _______________    Age at camp _______________

School: ______________________________________________________

Camper Home Address: ______________________________________________________________________________________________________

Parent/Guardian with legal custody to be contacted in case of illness or injury:

Name: ___________________________  Relationship: _______________  (______)____________________

Email: ____________________________

Home Address: ______________________________________________________________________________________________________

Second Parent/Guardian or other emergency contact:

Name: ___________________________  Relationship: _______________  Preferred Phones: (______)____________________

Email: ____________________________

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name: ___________________________  Relationship: _______________  Preferred Phones: (______)____________________

Email: ____________________________

Allergies: □ No known allergies. □ This camper is allergic to: □ Food    □ Medicine    □ The environment (insect stings, hay fever, etc.)    □ Other

( Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: □ This camper eats a regular diet. □ This camper eats a regular vegetarian diet. □ This Camper has special food needs. (Please describe below.)

Restrictions: □ I have reviewed the program and activities of the camp and feel the camper can participate without restrictions. □ I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. (Please describe below.)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance: □ Yes    □ No

Include a copy of your insurance card; copy both sides of the card so information is readable.

Insurance Company ____________________________________________  Policy Number ____________________________________________

Subscriber ____________________________________________  Insurance Company Phone Number (______)____________________

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a “need to know” basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child’s health record from providers who treat my child and these providers may talk with the program’s staff about my child’s health status.

Signature of Custodial Parent/Guardian ____________________________  Relationship: ____________________________  Date: ____________________________

Page 1/4
Camper Name: ________________________________

First   Middle   Last

Birthdate: ____________________ (Month/Day/Year)

Medication:

☐ This camper will not take any daily medications while attending camp.

☐ This camper will take the following daily medication(s) while at camp:

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. Bring enough of each medication to last their entire stay. ALL medications must arrive in the original and appropriately labeled pharmacy containers as described in the “Health Services Parent Information”. ALL medications will be turned in to the Camp Health Office upon arrival.

<table>
<thead>
<tr>
<th>Name of medication</th>
<th>Date Started</th>
<th>Reason for taking it</th>
<th>When it is given</th>
<th>Amount or dose given</th>
<th>How it is given</th>
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<td>Breakfast</td>
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<td>Bedtime</td>
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<td>Other time: _____</td>
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<td>Breakfast</td>
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<td>Other time: _____</td>
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<td>Breakfast</td>
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<td>Bedtime</td>
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<td></td>
<td></td>
<td></td>
<td>Other time: _____</td>
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</tbody>
</table>

The following non-prescription medications are representative of what may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Cross out those the camper should not be given.

Acetaminophen (Tylenol)    Ibuprofen (Advil, Motrin)
Pseudoephedrine (Sudafed)    Guaifenesin DM (Cough Medicine)
Technu Extreme (Poison Oak skin wash)    Diphenhydramine (Benadryl)
Docusate Sodium (Stool softener)    Loperamide HCL (Anti-Diarrhea)
Silver Sulfadiazine    Hydrocortisone Cream
Chloraseptic Spray (Sore throat spray)    Tums
Cough Drops    Cola Syrup
Calagel    Aloe Vera Lotion

General Health History: Check “Yes” or “No” for each statement. Explain “Yes” answers below.

Has/does the camper:

1. Ever been hospitalized?........................................☐ Yes  ☐ No
2. Ever had surgery?................................................☐ Yes  ☐ No
3. Have recurrent/chronic illnesses?........................☐ Yes  ☐ No
4. Had a recent infectious disease?..........................☐ Yes  ☐ No
5. Had a recent injury?..............................................☐ Yes  ☐ No
6. Had asthma/wheezing/shortness of breath?............☐ Yes  ☐ No
7. Have diabetes?....................................................☐ Yes  ☐ No
8. Had seizures?....................................................☐ Yes  ☐ No
9. Had headaches?...................................................☐ Yes  ☐ No
10. Wear glasses, contacts, or protective eyewear?.....☐ Yes  ☐ No
11. Had fainting or dizziness?...........................................☐ Yes  ☐ No
12. Passed out/had chest pain during exercise?...........☐ Yes  ☐ No
13. Had mononucleosis (mono) during the past 12 months?☐ Yes  ☐ No
14. If female, have problems with periods/menstruation?☐ Yes  ☐ No
15. Have problems falling asleep/sleepwalking?.........☐ Yes  ☐ No
16. Ever had back or joint problems?.........................☐ Yes  ☐ No
17. Have a history of bedwetting?..................................☐ Yes  ☐ No
18. Have problems with diarrhea/constipation?...........☐ Yes  ☐ No
19. Have any skin problems?........................................☐ Yes  ☐ No
20. Traveled outside the country in the past 9 months?...☐ Yes  ☐ No

★ The camper will carry an inhaler while at camp.............☐ Yes  ☐ No
★ The camper will carry an Epi-Pen while at camp..........☐ Yes  ☐ No

Please explain “Yes” answers in the space below, noting the number of the questions and if the camper is currently under treatment for that specific item. For travel outside the country, please name countries visited and dates of travel.
Mental, Emotional, and Social Health: Check “Yes” or “No” for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?

   □ Yes □ No

2. Ever been treated for emotional or behavioral difficulties or an eating disorder?

   □ Yes □ No

3. During the past 12 months, seen a professional to address mental/emotional health concerns?

   □ Yes □ No

4. Had a significant life event that continues to affect the camper’s life?

   □ Yes □ No

   (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

*Please explain “Yes” answers in the space below, noting the number of the questions. The camp may contact you for additional information.*

Health Care Providers:

Name of camper’s primary doctor(s): __________________________ Phone: (_______) __________

Name of dentist(s): __________________________________________ Phone: (_______) __________

Advice Nurse/Contact for: __________________________ Phone: (_______) __________

Health Insurance Provider:

What Have We Forgotten to Ask? *Please provide in the space below* any additional information about the camper’s health that you think important or that may affect the camper’s ability to fully participate in the camp program. *Attach additional information if needed.*

Parent/Guardian Authorization for Camp Participation: In consideration for being allowed to participate in the CYO Camp programs, I agree to assume the risk of such activities and programs, and I further agree to hold harmless Catholic Charities CYO/CYO Camp, its officers, employees and representatives from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from injury or death, accident or otherwise, during or arising in any way from the activities. I grant permission for me or my child to participate in all planned camp activities including out of camp trips by van or bus, hiking or horseback riding. CYO Camp is not responsible for lost, stolen or damaged personal articles. I also authorize Catholic Charities CYO to have and use photographs, slides or video tapes of me, my child, or my family as may be needed for its public relations programs. I acknowledge that this General Release of Liability and Authorization for Treatment of Catholic Charities CYO/CYO Camp is binding on me personally and on my heirs, personal representatives, successors and assigns. This agreement will be enforced in accordance with the law of the State of California.

Signature of Custodial Parent/Guardian __________________________ Date: __________________________ to Camper: __________________________

Relationship
**CYO Camp**

★★ Notes to be filled out onsite by student’s Classroom Teacher★★

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Teacher</th>
<th>Notes</th>
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</table>
Clothing Order Form

Child’s Name  First____________________________   Last___________________________________

School_____________________________________

Dates Attending____________________________

Parents: If you are ordering clothing, please return this complete order form to your child’s teacher.

T-shirts: $20.00 price includes tax

Please check one size:

- Adult Small ____
- Adult Medium ____
- Adult Large ____
- Adult XL ___
- Adult 2 XL ___
- Adult 3XL ___

Hooded Sweatshirts: $40.00 price includes tax

Please check one size:

- Adult Small ____
- Adult Medium ____
- Adult Large ____
- Adult XL ___
- Adult 2 XL ___
- Adult 3XL ___

Embroidered Logo Beanies: $15.00 price includes tax

Please select one style

- Gray CYO Camp Beanie _____
- Black Caritas Creek Beanie _____

Order Summary

Child’s Name: _______________________________ School: ___________________________________

Items Ordered: _______ T-Shirt $20 _______ Sweatshirt $40 _______ Beanie $15

Total Paid $_________________ Paid By (circle one): Cash  Check #_______ (Make Checks payable to your school)