



**2017 Day Camp Registration Form**  
**Saturday, August 19<sup>th</sup> 10:00a.m – 3:30p.m.**  
(One Per Child)

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Last School Grade Completed: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Telephone: (\_\_\_\_) \_\_\_\_\_

Alternate Telephone(s): \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

Home Church (if applicable): \_\_\_\_\_

Food allergies, prescriptions, or other medical conditions that we should be aware of: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Relation to child: \_\_\_\_\_

Specific Pick Up Instructions: \_\_\_\_\_