



2017 Day Camp Registration Form
Saturday, August 19th 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: _____