



2010 Spring Break Day Camp
April 5 – 9, 2010
Registration Form
(ONE PER CHILD)

CHILD INFORMATION:

Child's Name: Last: _____ First: _____

Name your child likes to be called by: _____ Age: _____ M/F _____

Date of Birth: (MM/DD/YY) ____/____/____ 2009/2010 Class/Grade: _____

Food sensitivities or other allergies: _____

Medical conditions we need to be aware of: _____

Other information we should know about your child: _____

FAMILY INFORMATION:

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Home Phone # _____ Home Phone # _____

Work/Cell Phone: _____ Work/Cell Phone: _____

Email: _____ Email: _____

Child Lives With: _____

Family Doctor and Phone Number: _____

In case of emergency, Contact: _____ Phone: _____

For legal reasons, who are the people authorized to sign your child out?

In case of an emergency where I cannot be reached, I hereby authorize the Church staff to administer needed first aid or to seek medical attention for my child.

Signature of Parent/Guardian

Date

I do ___do not ___ give permission for my child to ride a bus and go on a supervised field trip with the Day Camp Group.

Signature of Parent/Guardian

Date

An elective activity during the Day Camp will be Karate lessons. If your child desires to participate, do you give your permission? Yes ___ No ___

Signature of Parent/Guardian

Date

“We routinely photograph and/or video graph events for use on our webpage, newsletters, etc.”

During the week, your child will be working on a musical, and it will be presented on Sunday morning, April 11 at 10:30 a.m.. We cordially invite family and friends to join us for this presentation.