

Summer Day Camp 2019

REGISTRATION FORM

NOTE: Registration fees are \$60.00 per child (bursaries of up to \$30.00 per child are available). Fees can be paid on the first day of the camp.

(Name of Church, venue for the camp)

Family Surname: _____

Parent/Caregiver Names: _____

Home phone: _____

Cell phone: _____

Family E-mail Address: _____

Family Mailing Address: _____

Emergency contacts (names and phone numbers):

1. _____

2. _____

Permission for outings to park, beach, or another venue:

Signature of Parent/Caregiver

Date

First Child's Name: _____

Age: _____

Allergies or Food concerns: _____

Medications: _____

Health Care Card number: _____

Second Child's Name: _____

Age: _____

Allergies or Food concerns: _____

Medications: _____

Health Care Card number: _____

Third Child's Name: _____

Age: _____

Allergies or Food concerns: _____

Medications: _____

Health Care Card number: _____