



## MILLER EVANGELICAL CHRISTIAN UNION CHURCH

### SUMMER CAMP PROGRAM - STUDENT APPLICATION

- KIDS STUDY ZONE \_\_\_\_
- (Grades 1-5)

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

School Attending: \_\_\_\_\_

Grade: \_\_\_\_\_

School Address: \_\_\_\_\_

Teacher: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

#### EMERGENCY CONTACT

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Judy E. Belle, Administrative Director