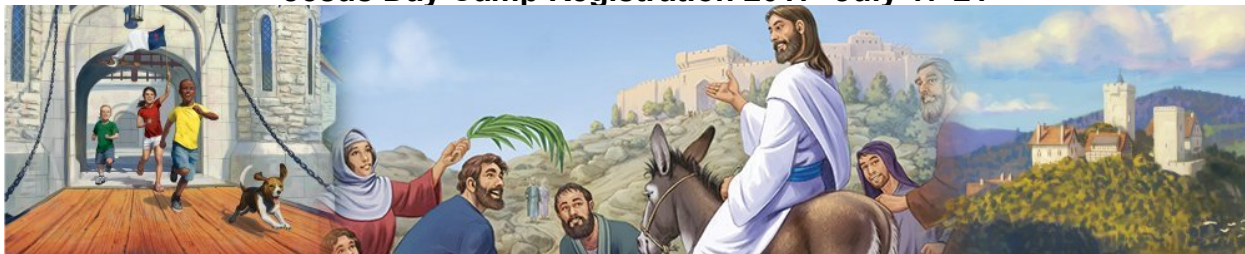


## Jesus Day Camp Registration 2017- July 17-21



### Mighty Fortress is our God Psalm 46

Child's Name \_\_\_\_\_ BOY GIRL

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

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Mom's Name (first and last) \_\_\_\_\_ Home Phone \_\_\_\_\_

#Cell Phone # \_\_\_\_\_

Dad's Name (first and last) \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Date of Birth (M/D/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade as of Fall 2017 \_\_\_\_\_

Home email \_\_\_\_\_ Parish \_\_\_\_\_

Any Known Allergies: YES NO If YES, please list: \_\_\_\_\_

Any Known Allergies: YES NO If YES, please list: \_\_\_\_\_

Any behavioral conditions or special needs: YES NO, please list \_\_\_\_\_

If YES, please describe and share any strategies you use to support your child:

\_\_\_\_\_

Please share any other information about your child you think would be helpful:

\_\_\_\_\_

In case of an emergency and parents are not available, please contact:

1. Name: \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Other than the parents, who is authorized to pick-up your child during the week of day .  
camp?

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Jesus Day Camp Release:** Please be assured the well being of those who participate in our programs is our highest priority. We give careful thought to and implement basic rules of safety and conduct, and provide supervision and instruction needed to safely participate in the program. It is impossible for us to eliminate all risks and unforeseen hazards, but reasonable precautions will be taken to protect all participants. I/We herby give permission for camper, previously named, to participate in all day camp activities. I also consent to the use of any photograph or video recordings of my child or family for use by Jesus Day Camp only for display in the church hall bulletin boards. I understand that every effort will be made to contact me and/or my emergency contact but if my child needs emergency medical treatment. I hereby give my permission to do so. I hereby give my permission to the physician selected by the Camp Staff to secure proper treatment.

\_\_\_\_\_ Date

Please Print Name

Parent/Guardian Signature