

Day Camp Registration Form

Childs Name: _____ Church Attending: _____

Parents Name: _____

Address: _____

Phone Number: (WORK) _____ (HOME/CELL) _____

Emergency Contact: (NAME) _____ (PHONE) _____

Allergys to food or insects: _____

Special Diet Needed:

Medications to be given during camp hours:

Doctor Name and Number: _____

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