



Summer Camp Registration Form

Name: _____ Grade(Going into): _____
Address: _____ City: _____ Postal Code: _____
Province: _____ Date of Birth: _____

Parent or Guardian Information:

Name: _____ Home Phone: _____ Cell Phone: _____
#2 Name: _____ Home Phone: _____ Cell Phone: _____

Who would you like us to contact in an emergency?

Name: _____ Phone: _____ Alt. Phone: _____

Please write down all the people who can sign your child out of camp.

Medical information:

Does your child have an epi pen? Yes: No:

Does your child have any allergies or medical concerns that we should be aware of?

What weeks of camp are you interested in? (Camps run from 9 AM to 3 PM)

July 22 - 25 August 19 - 23

I agree to sign my child up for Christian Camp experience. Initial Here.

Signature: _____ Date: _____