



SUMMER CAMP 2019 REGISTRATION FORM

Please choose the weeks your camper will attend

June 10th half day June 17th half day June 24th half day *July 1st July 8th July 15th
Week 1 full day Week 2 full day Week 3 full day Week 4 Week 5 Week 6

Early drop 8:00 AM – 9:00 AM

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6

**PLEASE NOTE: Week 4 we will be closed on Thursday July 4th. This week is a prorated price.*

Camper's name: _____ **Nick name:** _____ **DOB:** _____

Address: _____

Primary Phone #: _____

Mother/Guardian Name: _____ **Moms Cell #:** _____ **Email:** _____

Father/Guardian Name: _____ **Dads Cell #:** _____ **Email:** _____

Camper's Doctor _____ **Phone #** _____ **Address** _____

Emergency Contact Names and Numbers

Name _____ Cell # _____

Name _____ Cell # _____

Pick Up Authorization

Name _____ Cell # _____

Name _____ Cell # _____

Has your child been to nursery school, daycare or other: (specify) _____

Does your child have any specific fears: _____

Does your child have any allergies: _____

I GIVE WRITTEN PERMISSION TO JOANIE BIVAS, DIRECTOR OF THE CHURCH IN THE HIGHLANDS SUMMER CAMP OR ANY OTHER AUTHORIZED PERSON IN CHARGE OF THE CAMP TO OBTAIN MEDICAL CARE FOR MY CHILD IF HE/SHE DEVELOPS SYMPTOMS OF ILLNESS OR IS INJURED WHILE AT THE CAMP.

Parent or Guardian Signature: _____ **Date:** _____