

2017 Young Children's Summer Day Camp

Registration Form

Child's Name _____

Child's Age (Circle One) 3 years old 4 years old 5 years old 6 years old

Parent Name _____

Address _____

Home Phone _____ Cell Phone _____

Allergies: _____ None (Circle)

Special Needs: _____ None (Circle)

Emergency Contact (Other than Parents)

Name _____ Relationship _____

Address _____ Phone _____

Physician's Name and Phone # _____

List Persons Authorized to Pick-up child:

Name _____ Phone _____

Name _____ Phone _____

Parent's Agreement:

I agree to entrust the care of my child to the staff and volunteers of Decatur First Christian Church during the dates and times given for this camp experience. I agree to communicate any concerns regarding my child to the staff and volunteers so that they can provide appropriate care for my child. I understand I may be charged a fee of \$10 for each incident, in addition to the registration, should I fail to pick up my child within 15 minutes of the ending time for camp daily.

Parent's Signature _____ Date _____