



Kids Summer Day Camp Child Registration 2023

CHILD'S INFORMATION

Name _____ Preferred Name _____ Gender _____
Birth Date ____/____/____ Age _____ Last Grade Completed _____ School _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Parent's Email Address _____
T-Shirt Size (check one) Youth: XS ___ S ___ M ___ L ___ Adult: S ___ M ___ L ___ XL ___

PARENT / GUARDIAN INFORMATION

Child currently lives with: Mother _____ Father _____ Other _____

Mother _____

Address (if different from child's) _____ City _____ State _____ Zip _____

Mother's Email _____ Cell / Emergency Phone _____

Father _____

Address (if different from child's) _____ City _____ State _____ Zip _____

Father's Email _____ Cell / Emergency Phone _____

SIBLINGS ATTENDING CAMP

PEOPLE OTHER THAN PARENTS PERMITTED TO REMOVE CHILD

Name	Relationship	Phone # During Camp
_____	_____	____-____-____
_____	_____	____-____-____

PEOPLE NOT PERMITTED TO REMOVE CHILD (If legal reason, please provide documentation**)

Name	Relationship	Name	Relationship
_____	_____	_____	_____

**You must provide legal documentation in order for us to enforce this if person listed is one of the child's parents.

ALLERGIES, SPECIAL NEEDS, ANYTHING WE MAY NEED TO KNOW

Do you have a church home? Yes ___ No ___ If yes, where do you attend? _____

I give my child permission to attend Belle Isle Community Church Kids Ministry Summer Day Camp (and all included field trips & fun days) at Belle Isle Community Church. I also understand and agree the Church retains the right to use any photographs, videotapes, motion picture recordings, or any other record of this event for publicity, advertising or any legitimate purpose.

Parent / Legal Guardian signature _____

Printed Name _____

Date _____

IMPORTANT: To hold your spot a \$50 deposit per child must be turned in with camp registration.