

# REGISTRATION FORM

Use a separate form for each child, include deposit, and mail to the address located on the bottom right of this registration form.

## CHILD INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NO.: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_

GRADE COMPLETED: \_\_\_\_\_

ANY MEDICAL CONDITION WE SHOULD BE AWARE OF?

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK MY CHILD UP FROM SUMMER KAMP:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARENT INFORMATION

NAME(S): \_\_\_\_\_

EMAIL: \_\_\_\_\_

WORK PHONE NO.: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_

POLICY/GROUP NO.: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
(someone other than parent)

PHONE NO.: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

# REGISTRATION FORM CONT.

## REGISTERABLE WEEKS

PLEASE CIRCLE THE WEEKS YOU WOULD LIKE TO REGISTER YOUR CHILD AT KING'S KIDS SUMMER KAMP.

- |   |             |
|---|-------------|
| JUNE 14-18  | JULY 19-23  |
| JUNE 21-25  | JULY 26-30  |
| JUNE 28-JULY 2  | AUGUST 2-6  |
| JULY 6-9<br>(CLOSED THE 5TH FOR<br>4TH OF JULY HOLIDAY) | AUGUST 9-13 |
| JULY 12-16  |             |

## PARENT AGREEMENT

I agree to the stated requirements regarding King's Kids Summer Kamp.

Please sign and date below.  
Thank you!

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please make checks payable to St. James Brethren Church and mail to the address located on the right of this page.*



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