

ST. ALBERT UNITED CHURCH SUMMER DAY CAMP FAMILY REGISTRATION FORM

For children ages 5 - 12 years old

JULY 29 - AUG 2, 2019 9:00 AM - NOON

Registration: \$25 per child (or \$50 per family)

PAID:

CHILD'S NAME:	CHILD'S BIRTHDATE:	
AHC#:	AGE:	GRADE:
ALLERGIES OR HEALTH CONDITIONS:		
OTHER INFORMATION OF NOTE:		

CHILD'S NAME:	CHILD'S BIRTHDATE:	
AHC#:	AGE:	GRADE:
ALLERGIES OR HEALTH CONDITIONS:		
OTHER INFORMATION OF NOTE:		

CHILD'S NAME:	CHILD'S BIRTHDATE:	
AHC#:	AGE:	GRADE:
ALLERGIES OR HEALTH CONDITIONS:		
OTHER INFORMATION OF NOTE:		

PARENT/GUARDIAN NAME(S):	
MAILING ADDRESS:	EMAIL ADDRESS:
PHONE NUMBER FOR DAYTIME CONTACT: work home (please circle one)	CELL NUMBER:

THE FOLLOWING PERSON(S) HAS/HAVE MY PERMISSION TO PICK UP MY CHILD FOLLOWING THIS PROGRAM:

NAME:	CELL #:
NAME:	CELL #:

EMERGENCY CONTACT:	PHONE #:
--------------------	----------

I give my permission to have my child photographed or videotaped for in-church historical and publicity purposes.	YES	NO
---	-----	----

NAME: _____ SIGNATURE: _____

DATE: _____