

REGISTRATION FORM - 2010- 'THE CHURCH IN THE HIGHLANDS' SUMMER CAMP

REG. FEE \$50.00

PLEASE COMPLETE THIS FORM AND RETURN IT WITH \$250.00. TUITION IS \$200.00 PER WEEK - MINIMUM OF 3 WEEKS, IF YOUR CHILD IS NOT REGISTERED IN OUR SCHOOL PLEASE ENCLOSE A RECORD OF IMMUNIZATIONS.

PLEASE CIRCLE WEEKS YOU WOULD LIKE:

June 21	June 28	July 6	July 12	July 19	July 26
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6

CHILD'S NAME:

E-MAIL:

ADDRESS:

ZIP:

TELEPHONE:

BIRTH DATE:

CELL PHONE:  
DATE TODAY:

CHILD'S DOCTOR:

PHONE NO.:

FATHER'S NAME:

OCCUPATION:

BUSINESS ADDRESS:

BUSINESS TELEPHONE:

MOTHER'S NAME:

OCCUPATION:

BUSINESS ADDRESS:

BUSINESS TELEPHONE:

OTHER CHILDREN IN FAMILY  
NAMES:

AGES:

EMERGENCY CONTACT NAME AND NUMBER

HAS YOUR CHILD BEEN TO NURSERY SCHOOL, SUNDAY SCHOOL OR OTHER? (SPECIFY).

DOES YOUR CHILD HAVE ANY SPECIFIC FEARS?

IS YOUR CHILD ALLERGIC TO CERTAIN FOODS?

I/WE GIVE WRITTEN PERMISSION TO AMY O'DONNELL, 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.

Date: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_

**I/We give written permission to Amy O'Donnell, Director of The Church in the Highlands Summer Camp or any other authorized person in charge, for my child to go on walking trips.**

**Date: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_**