

Summer Day Camp 2010 ENROLLMENT

Journey into summer and explore new adventures!



STUDENT INFORMATION (Make copies of form as needed for each participant)

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Gender _____ Grade in Fall _____

MARK WEEK(S) ATTENDING:

_____ Week 1: June 21st – 25th	_____ Week 6: July 26th – 30th
_____ Week 2: June 28th – July 2nd	_____ Week 7: August 2nd – 6th
_____ Week 3: July 5th – 9th	_____ Week 8: August 9th – 13th
_____ Week 4: July 12th – 16th	_____ Week 9: August 16th – 20th
_____ Week 5: July 19th – 23rd	

If attending other than 5 days per week, mark below:

_____ 3 Day Week / Circle 3 Days: Monday Tuesday Wed Thurs Friday

Pre and Post Camp, mark below if you will be using Pre and/or Post Camp:

_____ Pre Camp (7:00 am – 9:00 am), Arrival Time _____

_____ Post Camp (3:00 pm – 6:00 pm), Departure Time _____

PARENT OR GUARDIAN INFORMATION

Child lives with: ___ Mother ___ Father ___ Stepmother ___ Stepfather ___ Other _____

Mother's Name _____

Father's Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

DISMISSAL INFORMATION *(Your child will only be released to a parent or those listed below)*

Name _____ Phone _____ Relationship to Child _____

Name _____ Phone _____ Relationship to Child _____

Name _____ Phone _____ Relationship to Child _____

EMERGENCY MEDICAL INFORMATION

Please list an emergency contact other than the parent:

Name _____ Phone _____ Relationship to Child _____

Name _____ Phone _____ Relationship to Child _____

Physician's Name, Address & Phone _____

Dentist's Name, Address & Phone _____

Insurance Company _____ Policy / Grp# _____

List Any Allergies _____

Does your child have a reaction to bee stings _____ Yes _____ No _____ Unknown

Current Medications _____

Date of Last Tetnus _____

In case of an accident or serious illness, I request Faith Journey Church (FJC) to contact me. If the church is unable to reach me, I hereby authorize FJC to contact the physician listed above and to follow his/her instructions. If the physician cannot be contacted FJC may take the necessary steps to ensure proper safety for the child listed above. In the event of a medical emergency, your child will be transported to the nearest medical facility via ambulance at your expense.

Parent/Guardian, by signing below you are acknowledging that you have read and completed the necessary information required for enrollment, medical release and people authorized to pick up my child and that the information is correct. You agree to the terms of this enrollment agreement, understanding the tuition/fees as stated above. You give your permission for Faith Journey Summer Day Camp to take your child listed above on all planned field trips.

Parent/Guardian Signature _____