

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

Last Name _____ First name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Gender ____ Birthdate _____ Grade in Fall _____

T-Shirt Size (please circle): Child: XS S M L XL or Adult: S M L

MARK WEEK(S) ATTENDING:

_____ Week 1: June 18th-22nd	_____ Week 6: July 23rd - 27th
_____ Week 2: June 25th- 29th*	_____ Week 7: July 30th - August 3rd
_____ Week 3: July 2nd - 6th**	_____ Week 8: August 6th - 10th
_____ Week 4: July 9th - 13th	_____ Week 9: August 13th - 17th
_____ Week 5: July 16th - 20th	

- Week 2: Half Price Week!
** No Camp on July 4th

If choosing a 3 day week please mark below:

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

- Remember CAMP HOURS are 9 a.m. - 3p.m.
- AND pre camp hours(7 a.m. - 9 a.m.) & post camp hours (3 p.m. - 6 p.m.)

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 _____

NOTE: There will be a service charge of \$15 for changing schedules after June 15th.

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 _____

Email _____ Email _____

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

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 Tetanus _____

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 will 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 acknowledge that you have read and completed all information required for enrollment, medical release and people released to pick up my child and that the information is correct. You agree to the terms of this enrollment form and have an understanding of the tuition/fees. You give your permission for Faith Journey Summer Day camp to take your child listed above on all planned field trips.

Parent/Guardian Signature & Date: _____