

# Journey Summer Camp 2019



**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 17th-21st	_____ Week 6: July 22nd-26th
_____ Week 2: June 24th-28th	_____ Week 7: July 29th - August 2nd
_____ Week 3: July 1st-3rd**	_____ Week 8: August 5th - 9th
_____ Week 4: July 8th - 12th	_____ Week 9: August 12th - 16th*
_____ Week 5: July 15th - 19th	

\* Week 9; Half Price Week!

\*\* No Camp on July 4th/5th **THREE DAY WEEK CHARGE**

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 once registered**

**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 Medical Conditions/Allergies Staff Needs to be aware of(OTC or RX Meds must be signed in with staff)

\_\_\_\_\_

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: \_\_\_\_\_