

Wednesday C.A.M.P. Registration Form Fall 2008

Name of Child _____ Grade _____
First M.I. Last

Birth date ____/____/____ School _____
Month Day Year

Food or other Allergies: _____

Medical Conditions: _____

Address _____
Number Street Name

City _____ State _____ Zip _____

Parents/Guardian: _____
Name(s) Relationship

Home Phone _____ Cell Phone _____
Area Code Number Area Code Number

E-Mail Address _____ @ _____ . _____
Please print clearly

Emergency Contact Name _____
Name(s) Relationship

Emergency Contact Phone _____ Cell Phone _____
Area Code Number Area Code Number

Family Church Affiliation _____
Name of Church Location

Family Church Involvement _____

Is there anything special we should know about your child that can help us understand him/her better? _____

_____ I would like to discuss this confidentially with the Director

Siblings Names and Ages: _____

Does a family member have a special artistic gift to share with our ministry? If so please give name and description.

_____ I choose to make an additional monetary donation instead of donating food and supplies during this session. I would like to donate \$ _____ to help defer the costs of running the program.

A nominal fee is required for each session and due at Registration.
Please make checks payable to CCC.