



Vacation Bible School
Killam's Point Day Camp
Camper Registration

Camp E.D.G.E.
Week of July 5th to 9th, 2010

Camper's Name and Nickname _____

Gender: M F

Current Grade as of 4/10 _____
AXL

T-shirt Size: YS YM YL AS AM AL

Special Needs or Information _____
(including special aide or if you child needs one on one full time services**)

Medication _____

Allergies _____

Any additional info you would like us to know about your child? _____

Parents/Guardians Name _____ E-Mail _____

Phone (Home) _____ (Work) _____ (Cell) _____

Address _____

Alternate Emergency Contact Information

Name: _____ Relationship: _____

Daytime Phone: _____ Alt. phone number: _____

Transportation Option (MUST choose 1)

Church Member _____ Church Bus Stop _____ Orchard House Bus Stop _____

Photo Release - Please check appropriately according to preference.

I _____ will / _____ will not allow my child's picture to be taken for camp photos for publicity purposes.

Parent/Guardian Signature _____ **Date** _____

**Please note that we will do our best to accommodate children with special needs, however, our staff are volunteer and are generally not professionally trained in special needs.

-----For office use only-----

Check Amount _____ Check Number _____ Paid? _____

Additional Info _____