

CAMP CREATE ACHIEVE MOTIVATE PLAY Program Registration

Child's Name _____ Date _____

Registering for grade _____ Teacher _____

Address _____

City, State, Zip _____

Child's Birthdate ____/____/____ Home Phone _____

Registering For: (Circle all that apply, actual schedules will be sent out each month)

Monday	AM	PM	Various Days
Tuesday	AM	PM	
Wednesday	AM	PM	As Needed Basis
Thursday	AM	PM	
Friday	AM	PM	Emergencies Only

Parent/Guardian Work Information:

Father: Name _____ Position/Hours _____

Place of Employment _____ Cell Phone _____

City/State _____ Business Phone _____

Emergency Contact _____ Phone _____

Mother: Name _____ Position/Hours _____

Place of Employment _____ Cell Phone _____

City/State _____ Business Phone _____

Emergency Contact _____ Phone _____

The following people have permission to pick up my child:
(Fill out as many as you would like)

Name _____ Relationship to Child _____

Phone Number During CAMP Hours _____

Name _____ Relationship to Child _____

Phone Number During CAMP Hours _____

Name _____ Relationship to Child _____

Phone Number During CAMP Hours _____

Name _____ Relationship to Child _____

Phone Number During CAMP Hours _____

Health History (please give whatever information you feel we should know)

Allergies: _____

Medicines Taken: _____

Other Health Information: _____

I fully understand that when my child is accepted to Crown Point Christian's CAMP Program, my registration fee submitted with this form is NON-REFUNDABLE.

Signature

Date