

Calvary Baptist Kidz Camp 2017 Registration Form Please fill out one sheet for each child

Galactic Starveyors: Discovering The God Of The Universe

Childs Name: \_\_\_\_\_

Childs Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Other Emergency Contacts and Phone Numbers:

Email Address: \_\_\_\_\_

Who has permission to pick up your child from Kidz Camp \_\_\_\_\_

Is this your child's first time at Calvary's Kidz Camp? \_\_\_\_\_

Is there any medical conditions or food allergies we should be aware of? \_\_\_\_\_  
If so, what are they?

Please try to have all your children here by 5:45.

If your child takes any medication to help with focus and concentration, please make sure they take it prior to coming to Kidz Camp.

\*\*Please make sure your phone is on and ready to receive a call if an emergency takes place with your child.

