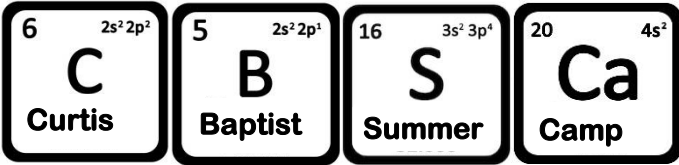


Curtis Baptist Summer Camp 2018

OFFICE USE ONLY		
Medical:		Week 1 Payment
Photo:		Week 2 Payment
T-Shirt:		Week 3 Payment
		Week 4 Payment
		Week 5 Payment
		Week 6 Payment
		Week 7 Payment
		Week 8 Payment
		Week 9 Payment



Student's Name: _____

Rising Grade: _____

Date of Birth: _____

T-Shirt Size: _____

Male

Female

Phone Number: _____

Address: _____
Street City State

Mother's Name: _____

Phone Number: _____

Email: _____

Marital Status: _____

Address: _____
(If different from student) Street City State

Employer/Address: _____ Phone: _____

Father's Name: _____

Phone: _____

Email: _____

Marital Status: _____

Address: _____
(If different from student) Street City State

Employer/Address: _____ Phone: _____

Weeks below that you plan to attend MUST BE CIRCLED								
JUNE					JULY			
Week 1 May 28- May 31	Week 2 June 3-7	Week 3 June 10-14 VBS w CBC	Week 4 June 17-21	Week 5 June 24-28	Week 6 July 1-5 CLOSED July 4th	Week 7 July 8-12	Week 8 July 15-19	Week 9 July 22-26
One Time Summer Registration Fee (non-refundable)								\$125.00
Payments are due weekly, on the Friday prior , for weeks scheduled to attend.								\$135.00

Curtis Baptist Summer Camp 2018

Physician: _____ Phone: _____

Insurance: _____ Policy #: _____

Hospital: _____

Does your student have any allergies, physical disorders, mental disorders, or developmental disabilities that would limit his/her participation in the Summer Camp program and activities?

Yes No

If yes, Please explain.

Please list all allergies (insects, medications, food, other)

Please list any known medical conditions (i.e. diabetes, asthma, eczema)/medications

Should the student suffer from an injury or illness while in the care of CBDC&P center is unable to contact a parent/guardian immediately; it shall be authorized to secure medical attention for the child to be necessary. I (we) shall assume responsibility for payment of services.

Parent Signature: _____ Date: _____

Permission is hereby given to use my child's name, likeness, image, voice, appearance, and/or performance in all forms of publicly release internal and external , including the media.

Yes No

Permission is hereby given to use my child's image for internal use ONLY and will NOT be posted on the website or social media.

Yes No

Emergency Contact: _____ Phone: _____

An emergency contact is NOT the same as Authorized Pickup Relation to Child: _____

Authorized Pick Up: Please list all persons that you would like to have the ability to pick up your child(ren) and their contact information. In addition to being listed below, anyone other than a parent will be asked to present a picture ID to ensure student safety.

Name: _____ Phone: _____

Relation to Child: _____

Address: _____

Street City State

Name: _____ Phone: _____

Relation to Child: _____

Address: _____

Street City State

Name: _____ Phone: _____

Relation to Child: _____

Address: _____

Street City State