

ST. MARK C.M.E. CHURCH SUMMER CAMP REGISTRATION FORM

This application must be completed in its entirety before the registration process can be completed. **PLEASE NOTE: PARTIAL OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. All applications must have the following information: \$30.00 registration fee, and a copy of the child's medical insurance card. ALL ITEMS MUST BE SUBMITTED AT THE TIME THE APPLICATION IS RETURNED!!!!!!!!!!!!!!**

Child's Legal Name _____

Child's Birthday _____ / _____ / _____ Age _____ Sex _____ Grade _____
Month Day Year

Name of Parent(s) or Guardian _____

Address of Parent(s) or Guardian _____

Telephone Number of Parent(s) or Guardian _____ Home
 _____ Work
 _____ Cell

Emergency Contact Name and Number _____

Person(s) allowed to pick up child:

Name	Contact Number(s)

Does your child have any health problems? _____ If yes, please name. _____

Is your child on any medication? _____ If yes, please name. _____

*Note: If your child takes medication, St. Mark C.M.E. Staff, Volunteers, or any one affiliated with this program **will not** dispense or supply any medication to your child.*

Does your child have any allergies? _____ If yes, please name. _____

Doctor's Name _____ Phone _____

Health Insurance _____

Please attach copy of card

I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN ANY FIELD TRIP ACTIVITIES DURING THIS SUMMER PROGRAM. BY SIGNING, I ACKNOWLEDGE THAT I GIVE PERMISSION AND HAVE RECEIVED A COPY OF THE CAMP'S OBJECTIVES AND GUIDELINES AND AGREE TO THE TERMS THEREOF.

PARENT/GUARDIAN SIGNATURE _____

DATE

ANY INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL AND WILL BE USED ONLY WHEN NECESSARY.