

Summer Camp Registration Form

Calvary Pentecostal Church Carleton Place, ON

Parent/Guardian Name: _____

1. Child's Name: _____ D.O.B: _____ Entering Grade (Fall 2019): _____

Gender: M F Health Card #: _____

Allergies/Health Concerns: _____

2. Child's Name: _____ D.O.B: _____ Entering Grade (Fall 2019): _____

Gender: M F Health Card #: _____

Allergies/Health Concerns: _____

3. Child's Name: _____ D.O.B: _____ Entering Grade (Fall 2019): _____

Gender: M F Health Card #: _____

Allergies/Health Concerns: _____

If possible please place _____ (child's name) in the same group as _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____

Alternate Contact Name for Drop off/Pick up: _____

Alternate Contact Name for Drop off/Pick up: _____

Do you regularly attend church? Yes No If Yes, which church? _____

May pictures of your child be used in our slide show and other promotional media? Yes No

I hereby consent to have my son/daughter participate in Summer Camp at Calvary Pentecostal Church. I also grant my permission for medial treatment and procedures as deemed necessary in case of an emergency

Parent/Guardian Signature

Date

Fax Form to: 613 704 2481

Email Form to: pastordiana@sympatico.ca

Mail Form to: 7196 County Rd, 29 North, Carleton Place, ON K7C 3P1