

# BIBLE CAMP 2017

## REGISTRATION

(ONE PER CHILD)



Pre-K thru 5<sup>th</sup>  
\$30 – 1 child  
\$50 – 2 children  
\$65 – 3 or more

JUNE 13 - 16  
9 am to Noon  
**TUESDAY - FRIDAY**  
Parish Center  
Church of the Resurrection  
8121 Cypress Lake Dr.  
Fort Myers, FL 33919

Child's name: \_\_\_\_\_

Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Parent/caregiver's cell phone: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Does your child have any allergies to food or other?  yes  no If yes, please explain: \_\_\_\_\_

Is your child on medication?  yes  no If yes, please explain: \_\_\_\_\_

Does your child attend any special education classes?  yes  no If yes, please describe special needs: \_\_\_\_\_

Home Parish: \_\_\_\_\_

 **I GIVE PERMISSION FOR PHOTOS TO BE TAKEN OF MY CHILD. THE ONLY PLACE THEY WOULD BE PUBLISHED WOULD BE THE CHURCH BULLETIN. INDIVIDUAL NAMES ARE NEVER PUBLISHED.**

<b>FOR OFFICE USE ONLY:</b> \$ _____ FEE PAID <input type="checkbox"/> Family <input type="checkbox"/> Child
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> WAIVED <input type="checkbox"/> Special assistance needed.
_____