

# **FISH TALES**

## **Day Camp Registration Form**

### **July 12-16, 2010**

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

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade (in fall): \_\_\_\_\_ Boy / Girl (circle one)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

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

Church our family attends: \_\_\_\_\_

Would you like to help at Day Camp? Yes \_\_\_\_ No \_\_\_\_

# of additional Friday Faire lunches (\$2, for parents/guests, camper's lunch is included in registration) - Adult \_\_\_\_ Child \_\_\_\_

Buddy Request — please pair my child with \_\_\_\_\_

- Please contact me regarding a special needs class

**Office Use Only** Reg. Date \_\_\_\_\_

Date \_\_\_\_\_ Cash / Check # \_\_\_\_\_ Amt. \$ \_\_\_\_\_

Extra lunches paid for \_\_\_\_\_ **Balance Due \$** \_\_\_\_\_

**Please complete the permission slip on other side**

## **PERMISSION SLIP**

I give my permission for \_\_\_\_\_ to attend **FISH TALES** Day Camp at First Baptist Church. I understand and agree to the following:

1. I give my permission for medical attention to be given to my child in case of injury, illness or accident. I understand I will be contacted at the earliest possible moment in case of such accident.
2. I release First Baptist Church, Modesto and any other parties from liability in case of an accident.
3. I request Day Camp supervisors carry out any appropriate discipline deemed necessary for my child. I understand there is no camp refund in the event my child is sent home because of disciplinary action.

*Complete the following:*

Allergies (Food/Medical) or Special Needs:  None

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_