

Children's Registration Form Camp Meeting 2009

Please fill out one form per child. Thank you!

Child's Name: _____ Age: _____ Birth Date: ____/____/____

Check One: _____ Kindergarten (Ages 4-6) _____ Primary (Ages 7-9)

Parent/Guardian's Name: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: () _____ Home Church: _____

Parent/Guardian Information during Camp Meeting:

Cell Phone # (**Required**): Area code () _____

Cell Phone # (**Required**): Area code () _____

Name & address of hotel/cottage, etc. where you are staying (**Required**):

List who may pick up your child (they must be at least age 16 and in possession of the child's ID card):

Remember: *Every child (4-9) must be signed in and out by you or an adult you designate (16 or older) with your coded ID badge.*

I have read the Safety Policy regarding my child at Camp Meeting. I agree to abide by this policy. I agree to pick up my child on time. I agree to be available for contact during the children's schedule.

Signature of Parent/Guardian

Print Your Name

ID# for your child: _____
(Assigned by Staff)