

# 2010 Children's Summer Programs – Camper Registration

Family LAST Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

## SUMMER CAMPS OFFERED

CAMP	Grade Completed	DATES	TIME	COST
Genesis Space Probe	K- 3rd	June 28 - July 2	9:00 AM - 12:00 PM	\$5
Zone Service Day*	4 <sup>th</sup> - 6 <sup>th</sup>	July 8	9:30 AM -7:00 PM	\$15
Push The Rock	4 <sup>th</sup> - 6 <sup>th</sup>	July 12 - 16	8:30-12:30	\$90
Push The Rock	1 <sup>st</sup> - 3rd	July 19 - 23	8:30-12:30	\$90
Zone Service Day*	4 <sup>th</sup> - 6 <sup>th</sup>	July 21	9:30 AM - 7:00 PM	\$15

*\* Snacks and drinks provided; kids pack a lunch; main course of dinner provided - families bring a dessert or side to share. Campers' families are invited to our 6PM dinner. Detailed information will be mailed with camp confirmation.*

### CAMPER INFORMATION:

1. Child's Name \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade Completed \_\_\_\_\_ Allergies or Special Needs: \_\_\_\_\_

Camp(s) Attending: \_\_\_\_\_ Total Cost \_\_\_\_\_

*If possible, please group my child with the following **registered** camper: \_\_\_\_\_*

2. Child's Name \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade Completed \_\_\_\_\_ Allergies or Special Needs: \_\_\_\_\_

Camp(s) Attending: \_\_\_\_\_ Total Cost \_\_\_\_\_

*If possible, please group my child with the following **registered** camper: \_\_\_\_\_*

3. Child's Name \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade Completed \_\_\_\_\_ Allergies or Special Needs: \_\_\_\_\_

Camp(s) Attending: \_\_\_\_\_ Total Cost \_\_\_\_\_

*If possible, please group my child with the following **registered** camper: \_\_\_\_\_*

**\*Please make checks payable to Covenant Church. TOTAL AMOUNT ENCLOSED: \_\_\_\_\_**

**PLEASE COMPLETE REVERSE SIDE.**

Please check one:

YES  NO I give permission for any pictures or video footage taken of my child during his/her camp attendance to be used by Covenant Church for future non-profit promotional purposes.

Please check one:

YES  NO I am interested in volunteering for a **Zone Service Day**. Volunteers will be scheduled in shifts. Please circle the time that best fits your schedule: 9 AM - 12:30 12:30 - 4PM 4 - 7:30PM

Please check all that apply:

- I am a member of Covenant Church.
- I am a regular attendee of Covenant Church.
- I am affiliated with another church. Name of church: \_\_\_\_\_
- I am not affiliated with a church.

**EMERGENCY NOTIFICATION:**

Please list two people to be notified in the event that we are unable to reach you.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

**PARENT/GUARDIAN CONSENT & RELEASE:**

**For Zone Service Days Only:** I give permission for my child \_\_\_\_\_ to swim at a private residence during this camp and to be transported via car or van by a volunteer from Covenant Church for activities during Zone Service Days. \_\_\_\_\_

*Parent/Guardian Signature*

**IN CASE OF EMERGENCY,** I understand that every effort will be made to contact a child's parent or guardian. In the event that I cannot be reached, I hereby give permission for emergency treatment for the children listed on the front page of this registration form. In case of an accident, I hereby release Covenant Presbyterian Church, any staff and volunteers from liabilities.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**Please drop off this registration form at the Children's Ministry Visitor Desk OR mail to:**

*Children's Summer Ministries  
Covenant Church, 4000 Route 202, Doylestown, PA 18902*

**Questions about Children's Summer Programs or registration?**  
Contact Kim at 267-880-3713 E-mail: [kimh@covenant-church.org](mailto:kimh@covenant-church.org)