

# LIFE CHRISTIAN ACADEMY DAYCAMP 2024 REGISTRATION FORM

Date \_\_\_\_\_

Circle each week attending-

1 <sup>st</sup> Session	2 <sup>nd</sup> Session	:
6/3	7/08	
6/10	7/15	
06/17	7/22	
06/24	7/29	

1. CHILD'S NAME \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F  
 Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. CHILD'S NAME \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F  
 Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. CHILD'S NAME \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F  
 Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Email address: \_\_\_\_\_

**We must have work numbers for emergency reasons.**

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_

Alternate(s) for Pick-up \_\_\_\_\_  
 \_\_\_\_\_

**EMERGENCY CONTACT:** Responsible adult to contact if parent cannot be reached.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Physical Impairments \_\_\_\_\_  
 Medications \_\_\_\_\_

**MEDICAL EMERGENCY RELEASE**

If a medical emergency occurs and I cannot be reached, I hereby authorize the person in charge at Life Christian Daycamp to transport the child(ren) listed above to St. Anthony's Emergency/nearest medical facility and/or call our family physician,

Dr. \_\_\_\_\_, at (405) \_\_\_\_\_.

*It is my understanding that the policy of the Daycamp is to make no refunds.* I give Life Christian Daycamp my permission for my child(ren) to take part in all camp activities, including bus trips, sports activities, and camp sponsored trips away from the camp premises. I also believe that discipline is necessary for the welfare of each camper, as well as for the entire camp. I give permission for my child's teacher and/or other agent of the camp to make and enforce regulations in a manner consistent with Christian principles and discipline as set forth in Scripture. I further agree to hold the camp and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the camp or any agent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against Life Christian Daycamp, I agree to pay the legal expenses and any other costs that Life Christian Daycamp, or its agent should incur to defend itself against such action. This statement of cooperation will be in effect for as long as my child(ren) listed (or others to be enrolled) attend Life Christian Daycamp.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FINANCE OFFICE USE ONLY		
Date _____	Registration \$ _____	Payment Form _____
First deposit of Camp \$ _____	Total Payment: \$ _____	Check/Receipt# _____
FORMS RECEIVED: Registration Form ___ Initial Form ___ Credit Card information Form _____		