

**Summer Camp 2017
Registration Information Sheet
Eastminster School Age Program**

Child's Name: _____ Age: _____

Shirt size: _____ Grade Completed: _____

Address: _____ City: _____

Home Phone Number: _____

Parent's / Guardian's
Names: _____

Mother's Cell Number: _____

Mother's email address: _____

Father's Cell Number: _____

Father's email address: _____

Emergency Contacts:

Names:

1) Name _____ Relationship _____ Phone _____
Address _____

Others authorized to pick up your child:

1) _____ Phone _____

2) _____ Phone _____

Pediatrician: _____ Phone: _____

Allergies/ Medical Concerns/ Medications: _____

I give Eastminster and any member of its staff permission to seek medical treatment for my child in case of an emergency. _____ Parent's signature required.

I (check one) _____ do or _____ do not give permission for my child's picture to be used in EPC's church bulletin/news letter or website.

Parent Signature _____ Date: ____/ ____/ 2017