



For children 5-11 years
(no 4 year olds please!)

COST: FREE!

For more info: Natalie @ 360-303-263

Children should dress for outdoor play & messy crafts

Immanuel Bible Church
2000 W North St Bellingham
July 9-13 @ 9:30am-noon

Fill out for all children in the family who will be attending camp and send to address above or

****You may register at the door****

Names:

- 1. _____ **age** _____
- 2. _____ **age** _____
- 3. _____ **age** _____
- 4. _____ **age** _____

Head of the home: _____

Address: _____

Phone # _____ **e-mail** _____

Church you attend: _____

School Attending in fall: _____

Special Comments: (things we need to know about your children?)

May we take pictures of your child for a camp slide show? yes no

Would you like to be added to our email contact list? yes no

Child Evangelism Fellowship's
"Turned Around" Summer Day Camp
Medical Release Form
(For your protection if child would need medical help while attending our Day Camp)

Family Name _____

First Names of children:

1. _____ 2. _____

3. _____ 4. _____

Doctor's Name _____

Doctor's Phone # _____

Notify in case of emergency:

_____ phone _____

In case of emergency, I understand that after every effort is made to contact me and if I can't be reached, I hereby give permission to the Day Camp Staff to secure the needed medical treatment. I agree to pay any costs that may be incurred.

Family Insurance _____

Policy # _____

Signature of Parent/Guardian:

_____ date _____

Dates of last tetanus shot:

1. _____ 2. _____ 3. _____

4. _____

Food or drug allergies? _____

Bring completed Registration & Medical Release Form
to Day Camp. See you soon!