

**Summer Camp 2024
Registration Information Sheet
Eastminster School Age Program**

Child's Name: _____ Age: _____

Grade: _____ Date of Birth _____

Address: _____ City _____

Home Phone Number: _____

Parent's / Guardian's

Names: _____

Mother's Cell Number: _____

Mother's email address: _____

Mother's Employer _____

Employer Address & Phone Number _____

Father's Cell Number: _____

Father's email address: _____

Father's Employer _____

Employer's Address & Phone Number _____

Emergency Contacts:

Name _____ Relationship _____ Phone _____

Address _____

Others authorized to pick up your child:

1) _____ Phone # & address _____

Relationship to Child _____

2) _____ Phone # & address _____

Relationship to Child _____

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/newsletter or website/social media.

Parent Signature _____ Date: ____/ ____/ 2024

FORM MUST BE FILLED OUT COMPLETELY TO BE ACCEPTED