

# REGISTRATION FOR SUMMER CAMP 2022

## RCCG FAITH CHAPEL

### Child Contact Information

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Gender: Male \_\_ Female \_\_\_\_\_ School Name: \_\_\_\_\_ Grade \_\_\_\_\_

D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Home Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### Parent/Guardian- Contact Information

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Ms. Mr. Mrs.

Cell no. \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact Information – Alternate Pickup/Release

#### *Emergency Contact #1*

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Relation to child: \_\_\_\_\_

#### *Emergency Contact #2*

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Relation to child: \_\_\_\_\_

### Medical Release Information

#### Insurance Information

Policy Number: \_\_\_\_\_ Name of Health Insurance Provider: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

#### Medical Problem

#### Required treatment

#### Call paramedic

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes/No  
Yes/No  
Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

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Is your child allergic to any type of food or medication?

Yes\_\_ No\_\_ If yes, explain: \_\_\_\_\_

Parent's Signatures \_\_\_\_\_ Date: \_\_\_\_\_

APPROVAL:
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