



CAMPER: _____

Last Name

First Name

email

CELL phone: _____ Gender M or F Grade completed: _____

Name of parents child lives with: _____

Additional contact #'s for parents: _____

Allergies & reactions: _____

Does child have a special friend at camp? _____ Name of Friend: _____

Has child made a personal decision to follow Christ? Yes No Not sure

Has child experienced believer's baptism? Yes No

Does family attend church? _____ Where? _____

Any special concern's needs you have for your child? I.E.– fear of storms, bedwetting, ADHD, etc: _____

Emergency contact # other than parent: _____

Do we have permission to give over the counter medications? (we will get approval by phone first) Yes NO