

VACATION BIBLE SCHOOL DAY CAMP
Camper Registration and Health History (REQUIRED FOR PARTICIPATION)

Camper Name _____ Male Female
Address _____ Birth Date _____ Grade Completed June 2019 _____

(MINIMUM BIRTHDATE FOR PRESCHOOLERS IS AUGUST 31, 2015, SO HE/SHE WAS 3 BY SEPTEMBER 1, 2018.)

City, State, Zip _____ Home Phone _____
Mother/Guardian _____ Cell Phone _____
E-mail _____
Father/Guardian _____ Home Phone _____
E-mail _____ Cell Phone _____

This camper is registering for:

- _____ Preschooler (2018-2019) 8:30 a.m.-11:30 a.m. \$19 Check # _____ Cash _____
- _____ Prek (2018-2019) On-site extended care 8:00-8:30 a.m.
- _____ K-5 (2018-2019) 8:30a.m.-4:00 p.m. \$39 Check # _____ Cash _____
- _____ K-5 (2018-2019) On-site extended care 8:00-8:30 a.m.
- _____ K-5 (2018-2019) On-site extended care 4:00 -5:00 p.m. (This includes the Wednesday trip to the Red Wing waterpark.)
- _____ I plan to register my child for Cannon Kids wraparound care and will confirm the schedule prior to camp.

Health Insurance Co. _____ Policy No. _____

IMMUNIZATIONS (give dates or submit a immunization list from your clinic)

_____ DPT Series _____ Polio Immunization _____ Tetanus Diphtheria
_____ Hepatitis B _____ Haemophilus influenzae b (Hib)
_____ MMR (Measles, Mumps & Rubella)

ALLERGIES (PLEASE CHECK AND DESCRIBE REACTION IN THE SPACE PROVIDED)

_____ Hay Fever _____ Insect Stings _____ Penicillin
_____ Poison Ivy _____ Specific Foods _____ Other

REACTIONS: _____

MEDICATIONS (List all medications currently in use): _____

List any illness, chronic condition, behavior needs, or physical consideration the camper has that may affect camp life:

Other suggestions that may help us to make your camper's week more comfortable or enjoyable (fears, anxieties, etc.):

A physical exam is not required unless the camper is under the care of a physician for a medical condition. If this is the case, give physician's name and pertinent dates and information.

THE FOLLOWING INDIVIDUALS ARE AGES 13 AND OLDER AND HAVE MY PERMISSION TO SIGN MY CHILD/REN IN AND OUT OF DAY CAMP, JULY 15-18, 2019

Name _____ Cell Phone _____

Name _____ Cell Phone _____

Name _____ Cell Phone _____

My child has permission to participate in all aspects of the Day Camp program. I hereby give my permission to the physician selected by the Congregational Coordinator or Good Earth Village Day Camp Coordinator to secure proper treatment, to hospitalize, to order injection, anesthesia, x-ray or surgery for my child as named above. Every effort will be made to contact me if my child needs emergency medical and/or surgical treatment. I understand that my insurance has primary coverage. I also give permission for pictures and video taken of my child to be used for promotional purposes.

PARENT OR GUARDIAN'S SIGNATURE (CAMPER CANNOT ATTEND UNLESS THIS IS SIGNED)

DATE