



Christian Fellowship Chapel
BIBLE DAY CAMP REGISTRATION
(Up to three children per form)

*Parent/Guardian Name: _____

*Address: _____

*Email: _____

*Home Number: _____ Cell: _____

Home Church (if applicable): _____

Emergency Contact Name: _____ Phone: _____

Alternate Pickup Name: _____ Phone: _____

***Child #1 Full Name:** _____

Age: _____ Gender: Male Female Grade Entering: _____

Allergies (Food or other): _____

Medical Issues or Special Needs: _____

Please tell us more about your interests! Number your top three interests.

_____ Sports/Activities	_____ Cooking
_____ Crafts	_____ Animals
_____ Science	

Child #2 Full Name: _____

Age: _____ Gender: Male Female Grade Entering: _____

Allergies (Food or other): _____

Medical Issues or Special Needs: _____

Please tell us more about your interests! Number your top three interests.

_____ Sports/Activities	_____ Cooking
_____ Crafts	_____ Animals
_____ Science	

Child #3 Full Name: _____

Age: _____ Gender: Male Female Grade Entering: _____

Allergies (Food or other): _____

Medical Issues or Special Needs: _____

Please tell us more about your interests! Number your top three interests.

_____ Sports/Activities

_____ Cooking

_____ Crafts

_____ Animals

_____ Science

I invited this friend(s): _____

I was invited by: _____

Medical Release: I give my permission for the Bible Day Camp staff to administer basic first aid to my child(ren), named above, in the event of an injury. I understand that the Bible Day Camp staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

Photo Release: I hereby grant the above named church permission to copyright and use photographs/videos taken at Bible Day Camp of the minor designated above in any manner or form for any purpose lawful at any time.

Permission to Attend: I give permission for _____ to attend the Bible Day Camp listed above. I understand that the Bible Day Camp activities will happen at 2303 Hallama Drive and the children will be bused there and back daily. I understand that the information I give for this registration will only be used by the Bible Day Camp hosting church, and that all registration information will be removed from the hosting site by December 31 of this year.

Parent/Guardian Signature

Date

Instructions:

For one child: Complete the form, sign it, and mail it to the address below. Include a cheque payable to *Christian Fellowship Chapel* in the amount of \$20.

For more than one child: Complete one form for each child. Sign each form. Mail all the forms together to the address indicated below. Include a single cheque payable to *Christian Fellowship Chapel* in the amount of:

for two children \$40, or
for more than two children \$50

Mail to:

Christian Fellowship Chapel, 465 Osborne Street, Winnipeg, MB R3L 2A4

If you have any questions, please contact Carolyn Reimer
at (204) 295-1923 or via email: bdc.cfc-wpg@shaw.ca