

Registration Form
SonQuest Rainforest
July 19-23, 2010
9 am – 12 noon

Child's Information

Name: _____ Date of Birth ____/____/____ Grade Level: _____

1. Is this your child's first time attending camp at The Baptist Church of West Chester? Yes No
2. What size T-shirt does your child wear? child size: S M L or adult size: S M L XL
3. Does your child/family regularly attend church? Yes No If yes, where?
Name of church _____

Parent's Information

Name: _____

Address: _____

City, State, Zip: _____

Daytime phone: _____ Cell phone: _____

E-mail address: _____

Insurance Company Name and Group # _____

Emergency Contact

Who should we contact if you are not available in case of emergency?

Name: _____ Phone: _____

Relationship to child (aunt, neighbor, etc.): _____

Special Concerns

Does your child have any allergies to food or medication? If yes, please list: _____

Does your child have any special needs we need to be aware of, such as an IEP, social issues, medical needs, etc.? If yes, please list: _____

PARENTAL WAIVER: By submitting this form I understand that I am releasing the Baptist Church of West Chester and the volunteer teachers and coordinators of any responsibility or any liability incurred by my child during the day camp. In the case of a medical emergency, I give authorization to the camp coordinators to seek medical attention.

Please submit online or mail by May 15 to:

The Baptist Church of West Chester, 221 S. High Street, West Chester, PA 19382