

Summer Camp Registration Form

Date Received: ___/___/___

GUARDIAN INFORMATION		
Primary Guardian:	DOB: ___/___/___	SSN: ___-___-___
Home Address:		
Email:	Home:	Cell:
Secondary Guardian:	DOB: ___/___/___	SSN: ___-___-___
Home Address:		
Email:	Home:	Cell:
Church Affiliation:	Pastor:	Phone:

INCOME INFORMATION		
Primary Guardian Employer:	Yearly Income: _____	
Secondary Guardian Employer:	Yearly Income: _____	
Public Assistance Amt:	Food Stamps:	
Social Security:	SSD:	SSI:
Child Support:	Other:	Total:

EXPENSE INFORMATION (PER MONTH)		
Rent/Mortgage:	Electric:	Gas:
Water:	Other:	Total:

CHILDREN'S INFORMATION

Please complete all parts for all children. Please rank your preference for camp dates and we will do our best to accommodate.

CLASSIC CAMP: Week 1: July 8-13 | Week 2: July 15-20 | Week 3: July 22-27 | Week 4: July 29-August 3

MADD CAMP: July 8-13

Note: Music, Arts, Dance, and Drama (MADD) Camp is only available for students who are going into grades 8-12

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Full Name:	Preferred Name:	DOB: ___/___/___
Grade(Fall 2018):	Age:	Gender:
Roommate Request:	T-Shirt Size:	Years at Camp:
Camp Week Preference	1. _____	2. _____
		3. _____

Full Name:	Preferred Name:	DOB: ___/___/___
Grade(Fall 2018):	Age:	Gender:
Roommate Request:	T-Shirt Size:	Years at Camp:
Camp Week Preference	1. _____	2. _____
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Are you interested in fundraising opportunities?

- YES, we are interested in fundraising opportunities at this time
- NO, we are not interested in fundraising opportunities at this time