LIFE CHRISTIAN ACADEMY
DAYCAMP 2011 REGISTRATION FORM

Date _____

Please circle your plan:

$10.00 Deposit per week

_____ 5/31 _____ 7/5
_____ 6/6 _____ 7/11
_____ 6/13 _____ 7/18
_____ 6/20 _____ 7/25
_____ 6/27 _____ 8/1

Full Time (3-5 days) Part Time (1-2 days)

M T W Th F M T W Th F

Immunization Record Included:
Yes No

1. CHILD'S NAME _____Age _____Age Group: Littlebits Eaglettes Eagles
Sex: M F Birthdate: _____/_____/_____ T-Shirt Size: (youth) S M L (adult) S M L XL

2. CHILD'S NAME _____ Age _____Age Group: Littlebits Eaglettes Eagles
Sex: M F Birthdate: _____/_____/_____ T-Shirt Size: (youth) S M L (adult) S M L XL

3. CHILD'S NAME _____ Age _____Age Group: Littlebits Eaglettes Eagles
Sex: M F Birthdate: _____/_____/_____ T-Shirt Size: (youth) S M L (adult) S M L XL

Address _____
City _____ State _____ Zip _____
Home Phone _____ Email address:_____

We must have work numbers for emergency reasons.
Father's Name _____ Employer _____ Phone _____
Cell Phone _____
Mother's Name _____ Employer _____ Phone _____
Cell Phone _____
Alternate(s) for Pick-up _____
_____
_____

EMERGENCY CONTACT: Responsible adult to contact if parent cannot be reached.
Name _____ Phone _____ Cell Phone _____
Physician _____ Phone _____
Physical Impairments _____
Medications _____

MEDICAL EMERGENCY RELEASE

If a medical emergency occurs and I cannot be reached, I hereby authorize the person in charge at Life Christian Daycamp to transport the child(ren) listed above to Midwest City Regional Hospital/nearest medical facility and/or call our family physician, Dr._____, at (405) _____.

It is my understanding that the policy of the Daycamp is to make no refunds. I give Life Christian Daycamp my permission for my child(ren) to take part in all camp activities, including bus trips, sports activities, and camp sponsored trips away from the camp premises. I also believe that discipline is necessary for the welfare of each camper, as well as for the entire camp. I give permission for my child's teacher and/or other agent of the camp to make and enforce regulations in a manner consistent with Christian principles and discipline as set forth in Scripture. I further agree to hold the camp and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the camp or any agent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against Life Christian Daycamp, I agree to pay the legal expenses and any other costs that Life Christian Daycamp, or its agent should incur to defend itself against such action. This statement of cooperation will be in effect for as long as my child(ren) listed (or others to be enrolled) attend Life Christian Daycamp.

Parent/Guardian's Signature: _____ Date: _____

FINANCE OFFICE USE ONLY

Date _____		T-Shirt	$ _____	
Registration	$ _____ _	FC/WW Pass	$ _____	*Total Payment:*
First Week of Camp	$ _____	Swim Pass	$ _____	$ _____
Deposit	$ _____	Celebration Station	$ _____	*Check #* _____
	Immunization Record Received _____		*Up-to-Date* _____	