KINGDOM CHRISTIAN CHURCH
PROMOTING THE AGENDA OF JESUS CHRIST

# 2021 SUMMER CAMP REGISTRATION FORM

**Child Information**

First _____ Middle _____ Last _____ Gender: Male__ Female__
School Name _____ Grade _____ Birth date _____/_____/_____ Age _____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____
T-Shirt Size_____

**Parent/Guardian - Contact Information**

***Parent/Guardian #1***

First_____Last_____ Ms.__Mrs.__Mr.__
Street Address _____
Town/City _____ State ___ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____

***Parent/Guardian #2***

First_____Last_____ Ms.__Mrs.__ Mr.__
Street Address_____
Town/City _____ State ___ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ E-mail _____
Occupation _____ Employer _____
Child lives with: _____
Person responsible for payment _____

**Emergency Contact Information – Alternate Pickup/Release**

***Emergency Contact #1***

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

***Emergency Contact #2***

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:
1: _____ 2: _____ 3: _____

**Medical Release Information**

Insurance Information
Policy Number_____ Name of Health Insurance Provider_____
Primary Physician_____
Address_____
Phone_____ Hospital Preference_____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

| Medical Problem | Required treatment (instructions) | Should paramedic by called? |
|---|---|---|
| _____ | _____ | Yes__/No__ |
| _____ | _____ | Yes__/No__ |
| _____ | _____ | Yes__/No__ |

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
Yes__ No__ If yes, explain:_____ (please include instructions)

Child's Name_____

Is your child allergic to any type of food or medication? Yes__ No__ If yes, explain:_____

Does your child require a special diet?
Yes__No__If yes, explain:_____
The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

**In case of medical emergency contact:**

| | Name | Phone # | Relationship to Child |
|---|---|---|---|
| Contact #1 | | | |
| Contact #2 | | | |
| Contact #3 | | | |

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that the Kingdom Christian Church or its KCC Summer Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

**Summer Camp Fees:**
Registration Fee - $75 **(Due immediately with registration)**
Weekly Attendance Fee - $180 per child **(full two-week payment of $360 due May 31st)**

**Dates Child Will Attend Camp:**
_____ Week 1: June 7, 2021 - June 11, 2021
_____ Week 2: June 14, 2021 - June 18, 2021

**Please pay the registration fee and attendance fee via KCC's church website (kingdomchristianchurch.org) under the events tab.**

**With my signature below, whether electronic or wet, I acknowledge and understand that my child is enrolled in the KCC 2021 Summer Camp: Camp Kingdom for the dates checked above.**

Name: Date:

Child's Name_____