



2017 – FFF Week – Kid’s Bible Camp Registration

Childs Information:

Last Name: _____ First Name: _____

Grade in Fall: _____ Current Grade: _____

Address: _____

Any Known Allergies: _____

Any Special Needs or Physical Limitations: _____

Parent Information:

Last Name: _____ First Names: _____

Contact Number: _____ E-Mail: _____

Address: _____

List of Names with Authorization to Pick Child Up:

Last Name: _____ First Names: _____

Last Name: _____ First Names: _____

Emergency Contact Information:

Last Name: _____ First Names: _____

Contact Number: _____ Relationship to Child: _____

Note: Individuals authorized to pick up the above named child will need to show a valid photo ID at the time of the check out. Your child will not be released without proper identification. Thank you for your cooperation.