

# CASTLE WEEK

## Registration Form

Child's name \_\_\_\_\_

Gender: Male Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade completed \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Please place my child with \_\_\_\_\_

Name of home church \_\_\_\_\_

Food allergies Y\_\_\_ N\_\_\_ List \_\_\_\_\_

Medical concerns Y\_\_\_ N\_\_\_ Explain \_\_\_\_\_

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ALL students must be  
pre-registered before  
participating in  
5 Day Bible Camp.



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