

Allergies/Medications/Difficulties

:

Child's Name: _____

Ascension Bible Camp!

'Fun in the Sun'



2017 Ascension Bible Camp Registration Form

Church of the Ascension, 23 N. Court Street, Westminster 21157 410-848-3251

Student Information

First Name _____ Last Name _____

Date of Birth ____/____/____ School & Grade for 2015 - 2016: 1st 2nd 3rd 4th 5th

Food Allergies* _____

Other Allergies* _____

**please explain any allergic reaction and precautions needed to be taken* _____

Injuries or Physical Difficulties _____

Medications Taken on a Regular Basis _____

ANYTHING you feel that we should know that would help us teach your child _____

Parent/Guardian Information

Parent/Guardian Legally Responsible for child _____

Relationship to child _____

E-Mail _____ Phone# _____

Address _____

Address of Child IF different _____

Where can we find you during Activity Day/Hours phone# _____