

# CAMP FRIENDSHIP REGISTRATION

**CAMP OFFICE USE ONLY:** Admission Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Birth Certificate: \_\_\_\_\_ Initials: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ M \_\_\_ F \_\_\_ Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Military Rank/Rate: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Military Rank/Rate: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Camper lives with: Mother \_\_\_ Father \_\_\_ Both \_\_\_ Guardian \_\_\_

Parents/Guardians marital status: Married \_\_\_ Divorced \_\_\_ Separated \_\_\_

Who has legal custody? \_\_\_\_\_ COPY OF CUSTODY PAPERS REQUIRED

Do you have siblings? Yes \_\_\_ No \_\_\_ Brothers \_\_\_\_\_ Sisters \_\_\_\_\_

Do you currently have a church home? Yes \_\_\_ No \_\_\_ Name of church home: \_\_\_\_\_

## AUTHORIZATION OF TRANSPORTATION

I give permission for my child, \_\_\_\_\_ to be transported by Friends In Jesus Learning Center, Inc.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## BRIGHT ARROW

Friends In Jesus Learning Center has contracted with Bright Arrow Technologies Inc, an automatic messaging service. With this service, we will be able to send voice mail, text messages and emails to keep you informed of upcoming events, camp delays or closings. To help facilitate this service, please fill out the following. Thank you.

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

## PICTURE PERMISSION

We would like to add pictures of our children in various activities at school for publicity purposes. (website, flyers, fundraising activities, etc.) Please fill out the appropriate space.

\* \_\_\_\_\_ This release grants permission for my child's picture to be used for publicity purposes.

\* \_\_\_\_\_ I do not wish for my child to have their picture used for publicity purposes.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>EMERGENCY INFORMATION RECORD</b>		LAST NAME		FIRST NAME	
HOME STREET ADDRESS			PARENT/GUARDIAN NAME		HOME PHONE
ALTERNATE HOME ADDRESS			CITY		DATE OF BIRTH
MOTHER'S BUSINESS PHONE			MOTHER'S CELL PHONE OR PAGER		FATHER'S BUSINESS PHONE
MOTHER'S CELL PHONE OR PAGER			FATHER'S BUSINESS PHONE		FATHER'S CELL PHONE OR PAGER
IN CASE OF EMERGENCY AND PARENT IS NOT AVAILABLE, CONTACT:					
Name: _____		Address: _____		Phone: _____	
Name: _____		Address: _____		Phone: _____	
STUDENT'S PHYSICIAN - NAME AND ADDRESS				PHONE	
STUDENT'S DENTIST - NAME AND ADDRESS				PHONE	
HOSPITAL WHERE STUDENT SHOULD BE TAKEN IF PARENT OR PHYSICIAN IS UNAVAILABLE					
ALLERGIES AND OTHER MEDICAL CONDITIONS: (Please explain checked items below or, if necessary, use other side of card)					
<input type="checkbox"/> ALLERGIES		<input type="checkbox"/> ASTHMA		<input type="checkbox"/> DIABETES	
<input type="checkbox"/> EPILEPSY		<input type="checkbox"/> HEART PROBLEMS		<input type="checkbox"/> RECURRING ILLNESS	
<input type="checkbox"/> OTHER					
<b>PARENT:</b> USE BACK OF CARD FOR ADDITIONAL COMMENTS, IF NEEDED.		In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary.			
		Parent Signature: _____		Date: _____	

Form #142 NATIONAL SCHOOL FORMS 1 (800) 431-1201

<b>INSURANCE INFORMATION</b>	
I/We _____ the parent/guardian of _____	
will be responsible for payment of medical care expenses. Medical treatments costs are covered by:	
1. Primary insurance company: _____	
Name of insured: _____	
Policy Number _____	
Group Number _____	
2. No Insurance _____	
The Parent(s) /Guardians(s) authorizes Friends In Jesus Learning Center, Inc. to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise, the parent/guardian expects to be notified immediately.	
Parent/Guardian Signature _____ Date _____	
Notary Public	
Subscribed and sworn to me on this _____ day of _____	
Notary Public Signature _____	

**FRIENDS IN JESUS LEARNING CENTER INC.**

# CAMP FRIENDSHIP ALTERNATE PICK-UP LIST

CAMPER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME _____ PHONE# _____ WORK# _____ CELL# _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ RELATIONSHIP TO CHILD _____
NAME _____ PHONE# _____ WORK# _____ CELL# _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ RELATIONSHIP TO CHILD _____
NAME _____ PHONE# _____ WORK# _____ CELL# _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ RELATIONSHIP TO CHILD _____
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NAME _____ PHONE# _____ WORK# _____ CELL# _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ RELATIONSHIP TO CHILD _____
IS THERE ANYONE WHOM YOU DO NOT WISH TO PICK UP YOUR CHILD? YES ___ NO ___ IF SO, PLEASE GIVE NAME AND RELATIONSHIP TO YOUR CHILD. NAME _____ RELATIONSHIP TO CHILD _____ NAME _____ RELATIONSHIP TO CHILD _____ NAME _____ RELATIONSHIP TO CHILD _____

<b>EMERGENCY INFORMATION RECORD</b>		LAST NAME		FIRST NAME	
		PARENT/GUARDIAN NAME		HOME PHONE	DATE OF BIRTH
HOME STREET ADDRESS			CITY	STATE	ZIP CODE
ALTERNATE HOME ADDRESS				PHONE	
MOTHER'S BUSINESS PHONE	MOTHER'S CELL PHONE OR PAGER	FATHER'S BUSINESS PHONE	FATHER'S CELL PHONE OR PAGER		
IN CASE OF EMERGENCY AND PARENT IS NOT AVAILABLE, CONTACT:					
Name: _____		Address: _____		Phone: _____	
Name: _____		Address: _____		Phone: _____	
STUDENT'S PHYSICIAN - NAME AND ADDRESS				PHONE	
STUDENT'S DENTIST - NAME AND ADDRESS				PHONE	
HOSPITAL WHERE STUDENT SHOULD BE TAKEN IF PARENT OR PHYSICIAN IS UNAVAILABLE					
ALLERGIES AND OTHER MEDICAL CONDITIONS: (Please explain checked items below or, if necessary, use other side of card)					
<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> ASTHMA	<input type="checkbox"/> DIABETES	<input type="checkbox"/> OTHER		
<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> HEART PROBLEMS	<input type="checkbox"/> RECURRING ILLNESS			
<b>PARENT:</b> USE BACK OF CARD FOR ADDITIONAL COMMENTS, IF NEEDED.		In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his/her instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary.			
		Parent Signature: _____		Date: _____	

Form #142 NATIONAL SCHOOL FORMS 1 (990) 401-1201

<b>INSURANCE INFORMATION</b>	
I _____ the parent/guardian of _____	
will be responsible for payment of medical care expenses. Medical treatments costs are covered by:	
1. Primary insurance company: _____	
Name of insured: _____	
Policy Number _____	
Group Number _____	
2. No Insurance _____	
The Parent(s) /Guardians(s) authorizes Friends In Jesus Learning Center, Inc. to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise, the parent/guardian expects to be notified immediately.	
Parent/Guardian Signature _____	Date _____
Subscribed and sworn to me on this _____ day of _____	
Notary Public Signature _____	

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