

Sizzlin Summer Camp
Registration Form

Child's Name _____ Date of Birth _____
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Child's Name _____ Date of Birth _____

Parent's Name _____ Home Number _____
Address _____ Cell Number _____
Street Address City, State Zip Code

Place of Employment _____ Work Number _____

Parent's Name _____ Home Number _____
Address _____ Cell Number _____
Street Address City, State Zip Code

Place of Employment _____ Work Number _____

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Current Daycare/ School _____
Location _____ Phone Number _____

Are any of your children on medication? _____ Please specify _____

Does your child have asthma? _____ Is an inhaler used? _____

The following people are authorized to pick up my child(ren):

Name	Phone Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

In Case of emergency contact: _____ Phone Number: _____
Hospital Preference: _____ Address: _____

I authorize Abundant Faith to transport my child to the specified hospital in case of an emergency.
I do not hold Abundant Faith Sizzlin Summer Camp or Staff liable for any decisions made by the hospital/
personnel.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____