

KIDZCAMP 2018 REGISTRATION FORM

Student's name: _____ Age: _____ Sex: _____

Parents' name(s): _____

Phone numbers (where you can be reached during camp hours):

Your email address (checked frequently): _____

Any special concerns, medical conditions or allergies we need to be aware of, including food allergies. Your preferred emergency department (Baptist or Forsyth):

Name and contact info for friends who might be interested in joining us for KidzCamp:

Method of payment:

____ Check - Please mail in with this form. ____ Cash - We will meet at the office.

____ Credit Card - A 4% processing fee will apply. I will call you for payment.

____ PayPal - A 4% processing fee will apply. I will email you an invoice for payment.