



Arctic Tundra Day Camp Registration



CHILD'S NAME: _____

CHILD'S BIRTHDAY: _____ MALE / FEMALE

CURRENT GRADE OF YOUR CHILD: _____

DOES YOUR CHILD HAVE ANY ALLERGIES OR HEALTH ISSUES WE NEED TO BE AWARE OF? YES / NO IF YES, PLEASE EXPLAIN:

PARENT'S NAME: _____

HOME ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: (OTHER THAN PARENT): _____

EMERGENCY CONTACT PHONE NUMBER: _____

In case of an emergency, I hereby authorize the Community of Hope Lutheran Church to consent to medical care upon advice of a physician.

PARENT SIGNATURE: _____

DO WE HAVE PERMISSION TO USE PHOTOGRAPHS OF YOUR CHILD AT COMMUNITY OF HOPE FOR SUCH PURPOSES AS PUBLICITY, ADVERTISING AND WEB CONTENT? YES/NO PARENT SIGNATURE: _____

(We will never give out children's names, addresses or any other personal information in connection with their photograph!)

PLEASE HELP US GET TO KNOW YOUR CHILD BY TELLING US SOMETHING ABOUT HIM/HER

**PLEASE RETURN FORMS TO: Julie Johnson or Front Office
Community of Hope Church, 27817 SW Stafford Rd. Wilsonville, OR 97070
EMAIL: julie@commhope.org Office: 503-682-8855
Office Hours: M-TH 9:00am -5:00 pm**



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