

Destiny Christian School

JURASSIC JOURNEY

2024 Summer Camp Application

Name of Child _____

Date of Birth _____ Age _____ Current Grade _____ Phone _____

Address _____
Street City Zip

Name and Employment of Parents:

(Mother) _____
Name Employment Work No.

(Father) _____
Name Employment Work No.

Recommended by _____

My child will be attending Summer Camp (check one of the following)

- All Summer
- Only the specified weeks (dates) _____
- Only one or two days a week (days) _____

I will bring my child to school at _____ a.m. and pick-up at _____ p.m.

T-Shirt Size: 6-8 10-12 14-16 Adult M Adult L Adult XL

The people authorized to pick-up my child other than myself are:

The following medicine can be given to my child: Tylenol Maalox

Doctor _____ Hospital Preference _____

Contact in case of emergency _____ Phone _____

I give my permission for my child to participate in all summer camp activities. If an emergency arises and the school cannot reach the parent or the emergency number, I authorize the school administration to give consent for emergency care.

Signed _____ Date _____

Registration: _____ \$20.00 (during March) _____ \$30.00 (after March 31)
Arts and Crafts Fee: \$30.00

Registration and Arts/Crafts Fee due upon enrollment.

FOR OFFICE USE ONLY	
Registration Fee Paid	_____
Arts & Crafts Fee Paid	_____
Ledger	_____
2 Copies for Director	_____