MEMORIAL HOLINESS CAMP

A Ministry of the Brethren In Christ Great Lakes Conference

KID'S CLASS REGISTRATION

Complete this form for all children, **Babies - 5th grade**, participating in the Kids Classes or evening Nursery.
This information is to help teachers better prepare for their classes. *All children are welcome, even if the family is not attending camp, but **all** children must have a responsible adult on the grounds while they are at camp .*

Responsible Adult Camp Contact(s) Name(s): _____

Are the children staying on the grounds? _____ Accommodations #_____ Cell # you will have at camp: (_____) _____-_____

Email: _____ Other # in case of Emergency (_____) _____-_____ and Name_____

Child's Name	**Age** July 1, 2019	**Grade** 2019-2020	**Allergies** Information regarding allergies	**Comments for the teacher** i.e. potty training, special needs, dietary instruction, etc.
1.				
2.				
3.				
4.				
5.				
6.				

☐ ***PHOTO OPT OUT**-- By checking this box, I **deny** permission for my child(ren)'s photos to be used online for any purpose.*