

# Church of God of Prophecy

85 E. 165th Street Bronx, New York 10452  
(718) 538-6854 / 718 538-1684

## Summer Day Camp Registration Form

Date: July 9-August 24

Ages: 4-14

Tuition: \$85 per week

Time: 8:00 am- 5:00pm

(Please Print All Information)

Camper's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Dates of Attendance: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Total Weeks: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_

Alternate Contact Person:(1) \_\_\_\_\_

Relationship: \_\_\_\_\_

Please Contact: Home Phone:(\_\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_

(2) \_\_\_\_\_

Relationship: \_\_\_\_\_

Please Contact: Home Phone:(\_\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_

**Turn Over>>>**

Physician: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_

List Medical Problems: \_\_\_\_\_

\_\_\_\_\_

List Medications, Allergies, or Physical Conditions that we need to know about the Camper:

\_\_\_\_\_

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**CONSENT FORM**

I, \_\_\_\_\_ GIVE MY CONSENT  
FOR \_\_\_\_\_ TO ATTEND ALL TRIPS AND ACTIVITIES GIVEN BY  
THE CHURCH OF GOD OF PROPHECY SUMMER DAY CAMP. I  
HEARBY CERTIFY THAT ALL INFORMATION SUPPLIED ON THIS REGISTRATION FORM IS TRUE,  
TO THE BEST OF MY  
KNOWLEGDE.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_