



Registration Form

Date: _____

Parent Name(s): _____ Mobile Number: _____

Address: _____

Email: _____ Home Number: _____

Emergency Contact (if other than Parent)

Name: _____ Phone: _____

Additional Persons(s) who may pick up child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Church We Attend: _____

Praise Camp leaders have permission to photograph/film the minors designated below for any lawful purpose associated with this Praise Camp Program: **Yes or No**

Parent Signature: _____ Date: _____

Child #1:

Name: _____ Age: _____ Gender: M or F

Food Allergies: Y or N (If Yes, please list below)

Medical Concerns: Y or N (If Yes, please list below)

Performing Arts Experience: Y or N (If Yes, please briefly describe below)

Child #2:

Name: _____ Age: _____ Gender: M or F

Food Allergies: Y or N (If Yes, please list below)

Medical Concerns: Y or N (If Yes, please list below)

Performing Arts Experience: Y or N (If Yes, please briefly describe below)

Child #3:

Name: _____ Age: _____ Gender: M or F

Food Allergies: Y or N (If Yes, please list below)

Medical Concerns: Y or N (If Yes, please list below)

Performing Arts Experience: Y or N (If Yes, please briefly describe below)

Child #4:

Name: _____ Age: _____ Gender: M or F

Food Allergies: Y or N (If Yes, please list below)

Medical Concerns: Y or N (If Yes, please list below)

Performing Arts Experience: Y or N (If Yes, please briefly describe below)