



Central Baptist Church
833 Pandora Ave.
(250) 385-7786
Central@shaw.ca
Centralbaptistchurch.ca

Child's Info

Name: _____

Birthday (d/m/y): _____ Grade Entry Fall 2010: _____

Address: _____

City: _____

Email: _____

Postal Code: _____ Phone: _____

Contact Info

Father/Guardian: _____ Daytime contact #: _____

Mother/Guardian: _____ Daytime contact #: _____

Emergency Contact (other than parent/guardian): _____

Medical Info

Care Card # _____

Please describe any medical conditions (asthma, allergies, diabetes, etc.) for any of your children:

(If your child requires special medical intervention you will need to fill out a special needs form.)

Additional Comments:

Payment

1/2 days (9 am - 12 pm): \$30

Full days (9 am—4:00 pm) \$90

[] Cheque - payable to 'Central Baptist Church' [] Cash

I give permission for my child to participate in the day camp activities. I recognize that the morning program will remain at the church and the afternoon program will include outings where my child will walk and be transported by bus, van or car. I recognize that my child will need to bring lunch to the full day program. I will not hold Central Baptist Church, its staff or volunteers liable for accidents or injuries that result from the day camp activities.

Signature of Parent/Guardian: _____