



EVEREST KIDS CAMP Child Registration Form

August 17-21, 6:00-7:45pm
First Baptist Church of Trenton
128 Centre Street, Trenton NJ 08611
609-393-8810

****Please fill out one form per family and print clearly. Thank you.**

Child Information

Child's First Name _____ Last Name _____

Child's Birthdate _____ Child's Age _____

Last Grade Completed _____ Child's Gender _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

Please list any **medical conditions, allergies, or special needs** your child may have:

I'd like my child to be in a **crew** with (specify friends): _____

2nd Child Information

Child's First Name _____ Last Name _____

Child's Birthdate _____ Child's Age _____

Last Grade Completed _____ Child's Gender _____

Please list any **medical conditions, allergies, or special needs** your child may have:

I'd like my child to be in a **crew** with (specify friends) _____

More kids to register? (turn sheet over)

Parent/Guardian Contact Information

First Name _____ Last Name _____

Home Phone _____ Cell Phone _____

Email _____ Relationship to the Child _____

Emergency Contact Information

During EVEREST KIDS CAMP, we require you to list an emergency contact person. This person will be contacted should an emergency arise when the Parent/Guardian cannot be contacted. It's important that this person has permission by you to be responsible for the child. This person must be 18 years of age and must have a valid I.D. when picking up the child.

First Name _____ Last Name _____

Home Phone _____ Cell Phone _____

Relationship to the Child _____ Will this person be picking up the child during Camp? Y or N

Alternative Pick-Up Information

During EVEREST KIDS CAMP, you may have one person other than the Parent/Guardian and emergency contact person pick-up your child. This person must be at least 18 years of age. Valid I.D. required at pickup.

First Name _____ Last Name _____

Home Phone _____ Cell Phone _____

Relationship to the Child _____

3rd Child Information

Child's First Name _____ Last Name _____

Child's Birthdate _____ Child's Age _____

Last Grade Completed _____ Child's Gender _____

Please list any **medical conditions, allergies, or special needs** your child may have:

I'd like my child to be in a **crew** with (specify friends) _____

4th Child Information

Child's First Name _____ Last Name _____

Child's Birthdate _____ Child's Age _____

Last Grade Completed _____ Child's Gender _____

Please list any **medical conditions, allergies, or special needs** your child may have:

I'd like my child to be in a **crew** with (specify friends/or crew leader) _____

5th Child Information

Child's First Name _____ Last Name _____

Child's Birthdate _____ Child's Age _____

Last Grade Completed _____ Child's Gender _____

Please list any **medical conditions, allergies, or special needs** your child may have:

I'd like my child to be in a **crew** with (specify friends) _____

6th Child Information

Child's First Name _____ Last Name _____

Child's Birthdate _____ Child's Age _____

Last Grade Completed _____ Child's Gender _____

Please list any **medical conditions, allergies, or special needs** your child may have:

I'd like my child to be in a **crew** with (specify friends) _____