

KID'S QUEST ADVENTURE CAMP

July 19 - 23rd

Fairview at River Club

Child's Name _____

Birthdate _____ Grade _____ Gender M / F

Phone (home) _____ Dad's cell _____ Mom's cell _____

Parent's Name _____

Parent's Email _____

Address _____

City _____ State _____ Zip Code _____

If someone other than yourself brings your child to church, please list who has supervision over your child.

Please disclose any custody concerns that would restrict who may pick up your child?

Allergy information:

List any health concerns

Please include any other information that may help us meet your child's needs.

Occasionally we use a church photographer to take pictures of activities that reflect Kid's Quest. Pictures may be used in church publications or on our website. Do you give permission for your child to be photographed and the use of the photo?

Yes (Initial) _____ No (Initial) _____

Parent Signature _____