

Conway Christian Summer Fun Registration Form



P.O. Box 1245 Conway, South Carolina 29528
843-365-2005

****One Time Non-refundable REGISTRATION FEE \$40.00**

****Forms and Registration Fees due by Friday, April 28, 2017**

Please print neatly in blue or black ink. Please do not leave anything blank.

Name: _____
Last Name First Name Middle Initial

Date of Birth: _____ Grade Entering: _____

Contact Information: Phone: _____

Mailing Address: _____

EMERGENCY INFORMATION:

Father's Name: _____ Phone #: _____

Place of Employment: _____

Mother's Name: _____ Phone #: _____

Place of Employment: _____

Who will be transporting your child? (Only those listed will be permitted to pick up your child).

Name and Contact #: _____

Name and Contact #: _____

Name and Contact #: _____

Health (Check ALL that apply)

_____ Allergies _____ Asthma _____ Nosebleeds _____ Daily Medicatoin

_____ Reaction to insect bites _____ Other _____

*If you check yes to any of the above, please explain: _____

Doctor's Name and telephone number: _____

****I give Conway Christian Summer Fun permission to call 911 to care for my child in case of an emergency.*****

Parent's Signature

Date