



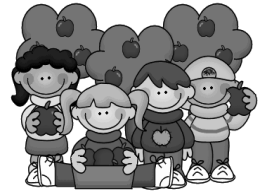
Stepping Stones Summer Camp 2017

Registration Form

Monday to Friday July 10-14

9 am -11:30 am Ages 4-10

\$40 per child, Max \$75 per family



Registration forms must be filled out and signed by parents.

Parent/Guardian Name: _____

Home Phone# _____

Daytime Contact # _____

Email _____

Address: _____

Child's Name (1) _____ Age _____ Gr. _____

Circle Days Attending M T W Th F

Allergies/Restrictions _____

Child's Name (2) _____ Age _____ Gr. _____

Circle Days Attending M T W Th F

Allergies/Restrictions _____

Child's Name (3) _____ Age _____ Gr. _____

Circle Days Attending M T W Th F

Allergies/Restrictions _____

We will be taking photos and video during the camp for the website and bulletin board posting and slideshows. Do you give consent for your child(ren) to be photographed? Yes _____ No _____

*Parent's Signature _____

I give permission for my child(ren) to attend Applewood's Stepping Stones Summer Camp. I understand that Applewood United Church will not be responsible for any lost items or injury.

*Parent's Signature _____