



## Wayside Kidz Camp Registration

**Pk-4 Completed – 13 years**

Phone: (305) 595-6550 x.120

Email: [campwbc@waysidemiami.org](mailto:campwbc@waysidemiami.org)

Web: [www.waysidemiami.org/camp](http://www.waysidemiami.org/camp)

### Summer Camp 2017 Registration Form

#### **I. Camper Information:**

Camper Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

School Name \_\_\_\_\_ Grade Just Completed \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_

#### **II. Family Information:**

Parent/Guardian #1 (First/Last/Middle) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian #2 (First/Last/Middle) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### **III. Camper Pick Up Authorization:**

1. Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Authorization Signature: \_\_\_\_\_



**VII. Medical Information:**

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide us of any learning disabilities, emotional or physical conditions: \_\_\_\_\_

\_\_\_\_\_

List any or all medications your child will bring with him/her to camp:

Medical Condition: \_\_\_\_\_

Medications: \_\_\_\_\_

To be given when/how: \_\_\_\_\_

**VIII. Allergies:**

Medication Allergies: \_\_\_\_\_

Describe reaction and management of the reaction: \_\_\_\_\_

Food Allergies or Dietary Restrictions: \_\_\_\_\_

Other Allergies (Include insect stings, hay fever, animal dander, etc.): \_\_\_\_\_

**IX. Photos:**

May we use photos of your child in advertising for Wayside Baptist Church? Photos may appear in print or on our website. Yes \_\_\_\_\_ No \_\_\_\_\_

**Emergency Treatment Information - Please Read and Sign Below**

Informed consent for Emergency Treatment: In case of an Emergency and if I cannot be reached, I authorize the staff of Wayside Baptist Church to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I further understand and agree that I will be responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges or fees.

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Camp Families FYI

Wayside Kidz Camp is a ministry to the children and families of our church and community to provide a fun and wholesome camp experience during the summer and days throughout the school year.

Our purpose is to assist working families by providing an affordable, caring and Christ-centered environment for their children to attend. We know it is always ideal for children to be with their families during seasonal school vacations, holidays, and teacher work days, but in today's world that is not always possible. Wayside Kidz Camp is here to provide a caring and safe environment for children to be in while they are making friends, playing, and learning. Our goal is to minister to the whole child through the arts, sports, practical and fun Bible lessons, and friendship. Below you can find a few quick bullet points with things to remember for the three weeks of camp.

- Camp hours will be from 7:30am to 6:00pm
- All payments are due the **Friday** before each week of camp. NO exceptions! Your payments include both lunch and snack, and there will be no field trips.
- KidCheck is important! Be sure to have your campers registered for easy drop-off and pick-up. (See attached form for instructions).
- For their safety, all campers must wear close-toed shoes upon arrival.
- We are a ministry, and as always, any donations to camp are a blessing. Snacks (goldfish, fruit snacks, and more) are a great start! No chocolate or anything with peanuts please for our camper(s) with allergies.

**Questions or concerns?**

**Email: [aj@waysidemiami.org](mailto:aj@waysidemiami.org)**

**Or**

**305.595.6550 x119**