



Free Day Camp

August 7-10, 2018 Tues - Fri 10am to 2:25pm

Location: Galilean Bible Camp



Games, crafts
swimming,
archery
Bible stories, and
much more!!!!!!

-Lunch and transportation provided
-For all children ages 5 to 13

-Bus leaves at 9:40 from Immanuel Baptist Church (only 1 pickup spot)
-Pick up at 2:25pm at Immanuel

Things to bring:

-swimsuit and towel if swimming
-water bottle
-backpack



Send completed registration forms to Immanuel Baptist Church or e-mail them to calvarygospel@hotmail.com (you can take a photo of it and send it or scan it and send it) by Thursday, Aug. 2 2018. OR call Immanuel Baptist Church at 356-1771 or send us an e-mail at calvarygospel@hotmail.com to reserve a spot.

This Day Camp is being sponsored by: Calvary Gospel Church & Immanuel Baptist Church



(Please Print)

CHILD'S INFORMATION (AGES 5 TO 13) – DAY CAMP AT GALILEAN 2018			
Last Name:	First Name:	Birthdate: / /	Age:
Street address:	Home Phone:()	Cell Phone:()	
P.O. Box Number:	Email Address:		
Town:	Postal Code:		
Parent/Guardian Name:	Parent/Guardian Name:		
I give permission for my child to travel by bus from Immanuel Baptist Church to attend the Day Camp at Galilean Bible Camp, August 7-10, 2018, from 10:0am to 2:25pm and to participate in all of the activities, including swimming and archery: Yes <input type="checkbox"/> No <input type="checkbox"/>			
I give permission for photos to be taken of my child for a slide show presentation (not posted online): Yes <input type="checkbox"/> No <input type="checkbox"/>			
HEALTH INFORMATION			
Child's Health Card No.:			
Does your child have food allergies or a chronic medical condition such as asthma, allergies, or diabetes? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, describe:			
Does your child carry medication for medical emergencies? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are they able to administer it to themselves: Yes <input type="checkbox"/> No <input type="checkbox"/>			
I give permission for my child to be taken to the hospital in case of a medical emergency after a reasonable attempt has been made to contact a parent or guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Patient/Guardian signature			Date