

Mission Camp

June 24 - 28, 2019
Registration Form (one per child)
Rising 5th - 6th Grade
9:00 AM - 12:00 PM

Student's Name _____ Gender _____

Parent/Family/Guardian Name _____

Address _____

E-mail Address _____

Phone Numbers: Home _____ Cell _____ Work _____

Date of Birth _____ Age _____ Grade entering 2019/2020 _____

Home Church (if any) _____

Special Needs/Allergies/Medical Information/Other _____

Family Doctor/Hospital preferred _____

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Name(s) of person(s) who may pick up this child from Mission Camp _____

Name of a friend your child might like to be with _____

Photo Release: First Presbyterian Church/Mission Camp has my permission to use my child's photograph publicly in Mission Camp materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____ Date _____

By typing your name, you are effectively signing here.

----- (for church use only) -----

Are family members helping with VBS/Mission Camp? _____ If yes, where? _____



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