

Belmont United Church

Bible Adventure Camp 2025

"Fun In The Sun" July 7th – 11th 9:00 AM– 12:00 PM

Fees: \$25/child or \$60/family of 3+ children – due June 20, 2025

REGISTRATION FORM

Child Information

Name	Birthdate	Grade THIS year (2024-2025) Circle one!						
		JK/SK	1	2	3	4	5	6
		JK/SK	1	2	3	4	5	6
		JK/SK	1	2	3	4	5	6
		JK/SK	1	2	3	4	5	6

Parent/Guardian Contact Information

Name(s): _____

Address: _____

Phone:(H) _____ Alternate # (Work/cell) _____

E-Mail: _____

From time to time we may contact you regarding events at our church, such as BAC details. If you do not want to receive these notifications, click unsubscribe or request same when you receive a notification and your name will be removed.

Would you or a family member be able to help at BAC? Yes ☐ No ☐

Will the parent/guardian be picking up the child(ren) ? Yes ☐ No ☐

If NO, who will be picking up your child(ren) from BAC?

Name 1: _____ Relationship: _____

Phone: (H) _____ (Work /cell) _____

In case of an **Emergency** and we cannot locate parent/guardian, please list 2 alternatives.

Name 1: _____ Relationship: _____

Phone: (H) _____ (Work /cell) _____

Name 2: _____ Relationship: _____

Phone: (H) _____ (Work /cell) _____

PHOTOS will be taken throughout Bible Adventure Camp for craft purposes, to create an end-of-week slideshow presentation and may appear on our church FB page or YouTube Sunday Service.

Do YOU consent to photos being taken for these purposes... Yes ☐ No ☐

Health Information

Allergies (food or other)

Allergy	Symptoms	Treatment

If the allergy requires an epi-pen, the child must keep it on their person at ALL TIMES.

Physical or Mobility Concerns: _____

Please list any Medication that the child will be required to take while at BAC

Other related health information we should be aware of: _____

Name of Doctor: _____ Phone: _____

Name of Dentist: _____ Phone: _____

I give my child permission to attend Bible Adventure Camp at the Belmont United Church on the dates indicated above. In the event of an emergency, I hereby authorize an adult leader of this activity as an agent for me, to consent to any x-ray examination: medical, dental or surgical diagnosis: treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate), licensed to practice under the laws of Ontario where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible. Signing of this form releases Belmont United Church BAC of any and all responsibility.

Please read the above and verify to ensure the information is correct. Upon doing so, please sign this form.

Signature of Parent or Legal Guardian

Date

For Office Use Only

(*Note.....Cheques Payable to – Belmont United Church)**

(e-transfers to donate@belmontunitedchurch.ca)

Payment Received: Yes ☐ Method _____ Date _____ No ☐

(Financial assistance is available, if required)