



Wayside Kidz Camp Registration

Pk-4 Completed – 13 years

Phone: (305) 595-6550 x.120

Email: campwbc@waysidemiami.org

Web: www.waysidemiami.org/cap

OFFICE USE ONLY

VBS Only: _____
VBS w/Ext: _____
QB Date: _____
Early Reg (5/18/15) _____
POP (5/18/15): _____
WIR: _____
BF _____

VBS/Summer Camp 2015 Registration Form

I. Camper Information:

Camper Name (Last) _____ (First) _____ (Middle) _____

School Name _____ Grade Just Completed _____

Age _____ DOB _____ Male/Female - T-shirt Size (Youth: XS, S, M, L) _____ (Adult S, M, L, XL) _____

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: _____

IV. Program and Date Selection (check all that apply):

1. "Camp Kilimanjaro" VBS ONLY (Free — 9:00am -12:30pm Wk 1 only) _____

2. Wayside Kidz Camp _____

3. Benny Fragela Extended Care** _____

Wk 1 _____ June 8th – 12th
(VBS extended care \$60 by WKC*)

Wk 5 _____ July 6th – 10th

Wk 9 _____ Aug. 3rd - 7th
(George Camp Week—Surge!)

Wk 2 _____ June 15th – 19th

Wk 6 _____ July 13th – 17th

Wk 10 _____ Aug 10th – 14th

Wk 3 _____ June 22nd – 26th

Wk 7 _____ July 20th – 24th

Wk11 _____ Aug17th - 21st

Wk 4 _____ June 29th – July 3rd

Wk 8 _____ July 27th – 31st

*VBS extended care is available for \$60. Care from 7:30-9am and 12:30-6pm, June 8th -12th only. Space is limited.

**Benny Fragela Camp attendees are eligible for an extended care of \$12 a day or \$55/week, 7:30-9am and 4-6pm.



V. 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: _____

VI. 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.): _____

VII. 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 can not 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: _____