



KIDZ Summer Day Camp 2019

**Power Up
Your Skill**

July 8-19, 2019

REGISTRATION FORM

NAME OF CHILD: _____

AGE: _____ DATE OF BIRTH: _____

SEX: _____ EMAIL: _____

HOME ADDRESS: _____

_____ TEL#: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: (if different from above): _____

TEL#: _____

IN CASE OF EMERGENCY, CONTACT: _____

RELATIONSHIP: _____ TEL#: _____

MEDICAL INFORMATION

1. Are there any foods the child may not eat?

2. Does the child suffer from allergies, frequent dizzy spells or any similar condition? _____

3. Is there any medical condition pertaining to the child that we need to be advised of? _____

PARENT/GUARDIAN'S SIGNATURE

DATE (mm/dd/yyyy)

P.T.O



PARENT PERMISSION SLIP

On Thursday, July 17th, the children attending the KIDZ Summer Day Camp will be visiting the park on East 49th Street, Brooklyn, between Tilden Avenue and Beverly Road. Kindly sign the permission slip no later than June 24, 2019.

I _____ [] do hereby give consent
[] do not give consent for my child _____
to attend the park on Thursday, July 17th, 2019.

Name of Parent/Guardian

Signature

Date

For further information, contact:
THE RUGBY DELIVERANCE TABERNACLE
4901 Snyder Avenue, Brooklyn, NY 11203
(718) 342-5720, (718) 693-4196
www.rugbydeliverance.org
Archbishop Sidley Mullings, Senior Pastor

