

KNOX VBS CAMP REGISTRATION FORM

July 21-25, 2025

For children ages 4-11

Please read **ALL** the information and complete this form in full.

Use a separate form for each child.

VBS Camp runs July 21-25. Doors open at 8:30 with program running 9am-3:30pm and doors close at 4pm.

ALL FORMS ARE DUE JULY 14TH TO GIVE THE CAMP DIRECTOR ENOUGH NOTICE TO PROPERLY PREPARE MATERIALS FOR ALL CAMPERS.

- a) All campers must be **FULLY** toilet trained.
- b) Once the Camp Director has received your form you will get an email to confirm your spot is reserved.
- c) Space is limited and spots will be saved on a first come, first served basis.

CHILD'S INFORMATION:

Name: _____ Birth Date: _____

Age: _____ Address: _____ City: _____

Home Church (if any): _____

Parent(s)/Guardian Name(s): _____

Daytime Phone Numbers:

Home: _____ Work: _____

Cell: _____ Email: _____

List anyone with permission to pick up your child (anyone picking up the first time will be ID'd):

A signed note from a parent/guardian is needed if someone unlisted is picking up.

PHOTO PERMISSION:

Photos will be taken for various purposes during Camp. **Please Check all boxes that apply.**

I give my permission for my child's photos to be used for the purpose(s) of:

- Bulletin Boards (In church building)
- Church Newsletters (online)
- Slideshows in church (recorded for online viewing)

CHILD'S EMERGENCY CONTACT INFORMATION:

Child's Name: _____ Health Card # _____

Family Doctor: _____ Doctor's Phone #: _____

Other Emergency Contact (This person should be who we call if you can not be reached)

Name: _____ Phone Number: _____

CHILD'S HEALTH INFO

Known allergies (food/medications/insects/etc.):

What is the severity of the reaction and what treatment is necessary? **Please be specific.**

Other known medical conditions, special needs, behavioural needs, or other concerns we may need to know:

Will medication be required at camp? (Circle one) **YES** **NO**

If yes, what, how, and when should it be administered?

Note – all medications need to have the original label on it with the child's name, the medication's name, and the medical information, or we are not allowed to administer it. All medications will be locked in the Camp Director's office until they need to be administered.

Should an emergency arise where a parent or guardian cannot be reached, I give authorization to the Camp Director to refer the above camper to medical authorities on my/ our behalf.

Parent/Guardian Signature: _____ Date: _____

Keep the following information to properly prepare your camper for camp:

Drop off is anytime between 8:30-9am with program starting at 9am. Pick up is any time between 3:30-4pm with program ending at 3:30pm.

All campers should come prepared with

- Backpack
- A spare change of clothes
- A water bottle
- Two snacks
- A lunch
- Indoor footwear
- Sunscreen
- Proper outdoor clothing for the weather. We will not go outside if it is raining but otherwise, your camper should be prepared to comfortably play outside for parts of the day.