

Children's Ministries 2011 Summer Camp Registration Form

Child's Name _____ Male/Female Age ____ Grade in Fall of '11 _____

DOB ____/____/____ If possible, please place me with _____

Email: _____ Physical Limitations / Allergies: _____

Address _____ City _____ Zip _____

Parent's Name _____ Home Phone _____ Cell _____

Emergency Contact/ Name _____ Phone # _____

To guarantee your child's spot, payment is due at registration. Payments for all other camps are due at least 2 weeks prior to camp. If payment is not received, we reserve the right to fill your child's spot without notice. Credit will be given if cancellation is made at least two weeks prior to the start of camp. We accept checks, cash, Visa or MasterCard. Please make checks payable to: CCOJ

Please circle each VBS and camp you are requesting for your child.

****Your child must be 3 years old and potty trained (no pull-ups) by April 1, 2011****

Vacation Bible School

9:00-12:00

Vacation Bible School I June 6th-10th
9:00am-12:00

Preschool

\$25.00*

Grades 1-6

\$25.00*

No lunch Bunch

N/A

Vacation Bible School II July 18th-22nd
9:00-12:00

\$25.00*

\$25.00*

N/A

Summer Camps

9:00-11:30

Son Force Special Agents June 13 - June 17
Wednesday... Water Day

Preschool

\$55.00

Grades 1-6

\$55.00

Lunch Bunch

11:30-12:30 Bring a Lunch

\$15.00

Water Works Park June 20 - June 24
Wednesday... Water Day

\$55.00

\$55.00

\$15.00

Kingdom of The Son June 27-July 1
Wednesday... Water Day

\$55.00

\$55.00

\$15.00

Avalanche Ranch July 12-15
4 day Camp

\$45.00

\$45.00

\$15.00

I give permission for _____ to participate in Community Church of Joy's Summer Programs. In case of medical emergency, I understand that the staff of CCOJ's Children's Ministry will contact me immediately. If, however, I cannot be reached, I give authorization for my child to receive medical care/transport, including anesthesia, provided by a licensed medical paramedic. I also agree to hold harmless Community Church of Joy and the staff thereof from any and all liability, claims, or demands for personal injury, as well as damage and expenses, of any nature that may be incurred by the parents/guardian and child-participant that occur while the child is participating in the above described activity.

Parent Signature _____

Refund Policy: VBS weeks are Non-Refundable. All requests for changes and refunds must be done in writing 2 weeks prior to the camp. Request forms are located in Kid Kountry.

Please contact me about volunteering for Vacation Bible School. Childcare available for siblings.

Name: _____ Phone#: _____ E-mail _____

****Have a large family? Children Ministries will work with you. Don't miss out on the fun. See Julie Stautberg.**

* = Non-Refundable.

SUMMER CAMP/VBS REGISTRATION FORM