



Summer Camp Registration

Oakridge Baptist Church

(All information will kept confidential)

Student Information

Name

(last, first)

Address

([apt] - number street, city, prov postal code)

Phone

(10 digits)

Gender

(Male or Female)

Birthday

(yyyy/mm/dd)

Languages

School

Grade Level

(As of September 2011)

Allergies / Special Needs

Care Card Number

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Parent Information

	Parent A	Parent B
Name	<input type="text"/> (last, first)	<input type="text"/>
Relationship to student	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> (if different from child)	<input type="text"/>
Home Phone	<input type="text"/> (10 digits)	<input type="text"/>
Cell Phone	<input type="text"/> (10 digits)	<input type="text"/>
Work Phone	<input type="text"/> (10 digits)	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>

Alternate Contact Information

(in case parents can't be reached)

Name	<input type="text"/> (last, first)		
Relationship to student	<input type="text"/>		
Address	<input type="text"/> ([apt] - number street, city, prov postal code)		
Phone	<input type="text"/> (home)	<input type="text"/> (cell)	<input type="text"/> (work)
Email Address	<input type="text"/>		