

**CAMP REGISTRATION FORM**

DATE REGISTRATION FORM RECEIVED IN OFFICE \_\_\_\_\_

**Parent/Guardian Information**

Registration Date: \_\_\_\_\_

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_

Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Email: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**1<sup>st</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

T-Shirt Size (Please Write If Size is Adult/Child): \_\_\_\_\_

Can your child swim \_\_\_\_\_ Any physical restrictions or limitations? \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes?  Yes  No

**Child plans to attend the following week/weeks**

June 10-14  June 17-21  June 24-28  July 8-12  July 15-19  July 22-26  July 29-Aug 2  August 5-9  August 12-16

**CAMP REGISTRATION FORM**

DATE REGISTRATION FORM RECEIVED IN OFFICE \_\_\_\_\_

**SHEET 2 OF 6**

**2nd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_

T-Shirt Size (Please Write If Size is Adult/Child): \_\_\_\_\_

Can your child swim \_\_\_\_\_ Any physical restrictions or limitations? \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes? [ ] Yes [ ] No

**Child plans to attend the following week/weeks**

June 10-14  June 17-21  June 24-28  July 8-12  July 15-19  July 22-26  July 29-Aug 2  August 5-9  August 12-16

**3rd Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_

T-Shirt Size (Please Write If Size is Adult/Child): \_\_\_\_\_

Can your child swim \_\_\_\_\_ Any physical restrictions or limitations? \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Photographs: May we take and maintain a photo of your child for security purposes? [ ] Yes [ ] No

**Child plans to attend the following week/weeks**

June 10-14  June 17-21  June 24-28  July 8-12  July 15-19  July 22-26  July 29-Aug 2  August 5-9  August 12-16

**CAMP REGISTRATION FORM**

DATE REGISTRATION FORM RECEIVED IN OFFICE \_\_\_\_\_

**Authorized Pickup Persons:**

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**3<sup>rd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

**Tuition / Payment Information:**

Camp Tuition: \$135 per week. This price includes all trip fees.

Camp T-shirts are \$5, please add this cost to your first weeks tuition.

- **Camp space is limited and will be filled on first come first serve basis.**

If a camp week is full the child will be placed on a waiting list and you will be contacted if space becomes available.

- If your child plans to attend more than one week of camp; payment for the first week of camp should be made as of May 15 with Registration form. Payments for each additional week should be made by the Friday before camp begins the following week.
- Payment for children planning to attend one week of camp is due with the registration form by May 15

I give permission for my child / children to ride the New Covenant Fellowship (NCF) Bus or Van. I release NCF and individuals from liability in case of accident as long as normal safety procedures have been taken.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

---

**CAMP REGISTRATION FORM**

DATE REGISTRATION FORM RECEIVED IN OFFICE \_\_\_\_\_

**Emergency Contact and Medical Information for a Child**

Child / Children's Name(s) \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Work Phone Home Phone Work Phone

Address \_\_\_\_\_

City, ST, ZIP Code \_\_\_\_\_

**Alternative Emergency Contacts other than Parents**

Primary Emergency Contact \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Work Phone Home Phone Work Phone

Address \_\_\_\_\_

City, ST, ZIP Code \_\_\_\_\_

**Medical Information**

Hospital/Clinic Preference \_\_\_\_\_

Physician's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Allergies/Special Health Considerations \_\_\_\_\_

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies **only in the event that neither parent/guardian can be reached in the case of an emergency.**

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

CAMP REGISTRATION FORM

DATE REGISTRATION FORM RECEIVED IN OFFICE \_\_\_\_\_

SHEET 5 OF 6

## *NEW COVENANT FELLOWSHIP*

NCF is pleased to have you join our summer day camp program. We are glad that you are here instead of lounging in front of some computer or video game and we will try to make your experience here as exciting and interesting as possible. NCF is in no way trying to compete with or become like the world and the things you may see in it. We offer so much more; through Jesus you can experience eternal things now in your life. Jesus can change your circumstances now and forever. It is up to you! That in itself is the most exciting news I can think of.

NCF also is adamant about providing a safe environment for everyone who attends, and this agreement will further this effort. May God bless you as we partner together to introduce you and others to the love of God through His Son Jesus Christ.

By signing the following I agree to:

- Respect myself, my peers and those who are my elders.
- Respect the Church property (ie trash, furniture, the structure itself.)
- All food will be eaten in the Fellowship Hall unless otherwise approved.
- Dress Code: Same as the Schools you attend. Respect yourself and others.
- Cell phones and electronics are allowed, but the NCF staff has the right to take all electronics if the privilege is being abused.
- Understand that NCF offers you a privilege and not a right to be here. The leadership of NCF will have final authority on all matters that may arise.
- Trips are no different than being here on NCF grounds and I will obey the rules as stated by the leadership.
- You are generally expected to conduct yourself according to Biblical standards.
- No inappropriate contact with the opposite sex.

My parents or guardians and I have read the agreement and will do our best to see that the guidelines are kept in accordance with the agreement:

Student (print and sign) -----

Parent (print and sign) -----

**CAMP REGISTRATION FORM**

DATE REGISTRATION FORM RECEIVED IN OFFICE \_\_\_\_\_

**SHEET 6 OF 6**

*New Covenant Fellowship Summer Camp Program*

- **Camp space is limited and will be filled on first come first serve basis.**

If a camp week is full the child will be placed on a waiting list and you will be contacted if space becomes available. Camp is \$135 per week, this price includes all trip fees.

- If your child plans to attend more than one week of camp, payment for the first week of camp should be made as of May 15 with Registration form. Payments for each additional week should be made by the Friday before camp begins the following week.
- Payment for children planning to attend one week of camp is due with the registration form by May 15.
- Camp begins at 7:30am. Children should be picked up by 6pm
- Campers will need to bring a bag lunch daily. Snacks will be provided.
- Campers will need to bring the following:
  - Bathing suit
  - Towel
  - Sunscreen
  - Water Bottle

**Registration forms can be mailed to the church office at:**

New Covenant Fellowship  
1305 Hulsey Road  
Carthage, NC 28327

**Or by email:** [kylar@ncftoday.com](mailto:kylar@ncftoday.com)

Church office: 910-947-1412