

**Emergency Information:** (Please Print)

In case of emergency, the parent(s) will be contacted first. Please list additional contact(s) if you cannot be reached: Please list at least one.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**Doctor's Information:**

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

Phone: ( ) \_\_\_\_\_

**Medical Information:**

*Please print legibly. Do not leave any spaces blank. If not applicable, please write "None."*

Allergies (include any medications to which your child is allergic):  
\_\_\_\_\_  
\_\_\_\_\_

Medical conditions/disorders and any other health-related information pertinent to your child's health and safety: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give permission to the San Francisco Bible Church Day Camp staff to administer any required medication or hospitalization deemed necessary in case of an emergency to ensure the best possible medical attention for my child.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name

**Person(s) who may pick up the child**

*Only authorized person(s) age 18 or older may pick up your child. Please include parent(s).*

**Name (print):** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name (print): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name (print): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

*Please complete both sides and return this portion to San Francisco Bible Church*

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**San Francisco Bible Church**

**DAY CAMP 2019**



**June 10-14**

**Monday – Friday**

**9:00am – 3:00pm**

401 Taraval (corner of 14th Avenue), San Francisco

Phone: (415)387-3630

email: [daycamp@sfbible.org](mailto:daycamp@sfbible.org)

Dear Parents,

Our Day Camp theme this year is "Life is Wild, God is Good!" Join us on an African adventure as we show your kids that no matter what the situation is – unfair, scary, good, or bad – God is always good and will stay with them forever. Through Bible stories, songs, games, crafts, and other activities, we will teach your kids how to look for God's goodness everywhere and in every situation.

#### REGISTRATION INFORMATION

Registration for children entering 1st-6th grade in the new school year.

San Francisco Bible Church is a nonprofit organization. We strive to keep costs as low as possible, but costs are still incurred. The cost is \$60 for the entire week per child.

Space is limited and registration will be closed when the limit is reached. Registration must be received by May 19, 2019.

#### WHAT TO BRING

- A bag lunch each day (non-microwaveable items, please) *Due to some kids with severe allergy to nuts, please do not bring any food items that contain nuts, e.g. peanut butter; power bars with nuts; cookie/candy with nuts, etc.*
- Bible (if you have one)
- Pen or pencil
- Play clothes and safe shoes - Jacket
- Bag or backpack

#### FIELD TRIP

- Wednesday, June 12th

#### FAMILY DAY

- Friday, June 14th
- 3:30 p.m. - 5:30 p.m.
- Closing Production & Dinner provided - The entire family is invited!

Registration Form - One form per child. Please print. Okay to photocopy.

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_  boy  girl Birth date: \_\_\_\_\_

Grade child will enter this fall (circle one):

1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup>

Name of school: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_

If you would like an email confirmation, please enter your email:

Child's T-shirt size (circle one):

Small Medium Large X-Large

Registration must be received by May 19, 2019.

Enclosed is my payment of \$ \_\_\_\_\_

Please do not send cash.

Please make your check payable to SF Bible Church and send it with this form to:

San Francisco Bible Church  
Attn: Day Camp  
401 Taraval Street  
San Francisco, CA 94116

*Please complete both sides of this form.*

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