

Scamper's Day Camp
 Registration Form
 Summer 2018



Parent Name _____

Address _____

City _____ Zip _____

Email _____

Cell _____ Land Line _____

Health issues _____

Allergies _____

Does your child require an epi pen? _____ Must be left on site during camp.

Permission granted to Redeemer staff and volunteers to act in my stead in case of medical emergency.

 Signature

Reserve space in the following sessions

Child Name	Birthdate	1	2	3	4	5	6	7	8

Extended Day

Sessions

Child Name	1	2	3	4	5	6	7	8

Put days requested
 in the appropriate
 box: T, W, TH or ALL

Total cost for sessions # sessions X \$90 = _____

Total cost for extended day # of days X \$15/day = _____

Total enclosed \$ _____

Please make checks payable to Redeemer.

Send to: Nicole Olds, Director of Children's Ministry, 1800 W. Maple Rd, Birmingham MI 48009
 (248) 644-4010 ex 124
nolds@redeemberirmingham.org