



Faith Columbia
Focus Kids Camp
July 13 - 17, 2020
9 am - Noon

FAMILY REGISTRATION FORM

3 years through completed 5th grade.
Must be potty trained.

REGISTER EARLY! RATES WILL INCREASE AFTER JUNE 14, 2020

On or before June 14 cost is: \$25/child, Max of \$60/family

After June 14 cost is: \$30/child, Max of \$70/family

FAMILY INFORMATION

Last Name: _____ Parents' or Guardians' Name(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Parent/Guardian #1 Cell: _____ Parent/Guardian #2 Cell: _____

Yes, we have a church home. Church Name: _____

No, we do not have a church home.

We would like more information about Faith.

DISCLAIMER (PHOTO AND VIDEO RELEASE)

I hereby grant Faith Lutheran Church permission to copyright and use images and videos taken at Kids Camp of any minor(s) designated on the back side of this form in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied. I understand that there will be no compensation for participating in photo/video shoot.

I DO NOT grant permission as stated above.

Parent or Guardian Signature: _____

LIST ALL CHILDREN TO BE REGISTERED ON REVERSE SIDE

FAITH CONTACT INFORMATION

Miranda Schmidt | 314.375.1125 | columbia@faithstl.org
Find more information about Kids Camp at faithstl.org/events.



600 Columbia Center
Columbia, IL 62236

PARTICIPANT INFORMATION

Please list ALL children to be registered:

Eligibility: Ages 3 years old and potty trained by July 12, 2020 through completed 5th grade

T-Shirt Sizes Available: Youth XS - L or Adults S - XL

Name	DOB (mm/dd/yy)	Gender (M / F)	Grade Completed	T-Shirt Size	Name of Child's Friend*

*** We will make every attempt to place your child(ren) in the same small group as their friend.**

Allergies, Medical Conditions, or Special Needs:

Child's Name: _____

Allergies, Medical Conditions, or Special Needs: _____

Child's Name: _____

Allergies, Medical Conditions, or Special Needs: _____

Child's Name: _____

Allergies, Medical Conditions, or Special Needs: _____

Child's Name: _____

Allergies, Medical Conditions, or Special Needs: _____
