

UNIVERSITY DAY CAMP INFORMATION FORM

Mother's name _____ BJU ID# _____

Father's name _____ BJU ID# _____

Address _____

E-mail _____ Alternate e-mail _____

Home phone _____ Cell phone _____

Mother's work phone _____ Father's work phone _____

Please check box of the best contact method.

CHILD 1

Full name _____ Nickname _____

Age _____ Birthday ____/____/____

Grade next fall _____ BJ ID# _____

Allergies _____

Other Information _____

CHILD 2

Full name _____ Nickname _____

Age _____ Birthday ____/____/____

Grade next fall _____ BJ ID# _____

Allergies _____

Other Information _____

For additional children or visitors, use other side of form.

This form is to be filled out annually.

CHILD 3

Full name _____ Nickname _____

Age _____ Birthday ____/____/____

Grade next fall _____ BJ ID# _____

Allergies _____

Other Information _____

CHILD 4

Full name _____ Nickname _____

Age _____ Birthday ____/____/____

Grade next fall _____ BJ ID# _____

Allergies _____

Other Information _____

SPECIAL INFORMATION FOR VISITORS

Name of child _____

Address _____

Phone _____

Signature of Day Camp parent responsible for payment of visitor