

BJU 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 **one** best contact method.

CHILD 1

Full name _____ Nickname _____

(Last, First Middle)

Age _____ Birthday ____/____/____

Grade next fall _____ BJ ID# _____

Allergies _____

Other Information _____

CHILD 2

Full name _____ Nickname _____

(Last, First Middle)

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 _____
(Last, First Middle)

Age _____ Birthday ____/____/____

Grade next fall _____ BJ ID# _____

Allergies _____

Other Information _____

CHILD 4

Full name _____ Nickname _____
(Last, First Middle)

Age _____ Birthday ____/____/____

Grade next fall _____ BJ ID# _____

Allergies _____

Other Information _____

SPECIAL INFORMATION FOR VISITORS

Name of child _____

Name of person bringing the child _____

Emergency Contact Phone Number _____

Signature of client responsible for payment of visiting child's time