

Please return this form to your BIG Time teacher or to the Church Office.
Early registration ends **Wednesday, Dec. 21**. Space is limited. One form per child.

REGISTRATION FORM

Winter Arts Camp!



Dates: Wednesday, December 28
Place: St. James United Methodist Church, 2032 S Cypress Street
712-276-2667, stjamessc.org
Ages: Ages 3 (must be potty trained) through 5th grade
Time: Check-In Begins: 8:45 a.m.
Program: 9 a.m. - 2 p.m. (lunch is provided)
Cost: Early registration is \$10 per child/\$12 per child after registration deadline
(scholarships available)

Name: _____

Child's age: _____ Date of birth: _____ School grade: _____

Name of parent(s): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home telephone: _____ Cell phone: _____

E-mail: _____ Home church: _____

Emergency Contact: _____ Emergency phone: _____

Check the following areas of concern for this child. If necessary, add another page with details:

1. Does your child have allergies to:

pollens medications food _____ insect bites

2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap

3. Should this child's activities be restricted for any reason? Please explain:

Questions? Contact Yvette (712-389-0917-yboysen@yahoo.com)