

STUDENT REGISTRATION FORM



Child's Name _____

Child's Address _____

Child's Age _____ Child's Birth Date _____ Child's Grade _____

Parent/Guardian Name(s) _____

Home Phone _____ Work Phone _____ Mobile _____

Email _____ Preferred Contact Method _____

ADDITIONAL INFORMATION

Reading Level _____ T-Shirt Size _____ Weeks Attending (circle) 1 2 3 4

Are you a member of a church? (circle) YES or NO Home Church _____

Can your child have his/her picture taken and displayed? (circle) YES or NO

Would you like to volunteer? (circle) YES or NO Available dates & times _____

What is your goal from this experience? _____

DISMISSAL

Who may pick up your child at the end of each camp day?

Name _____ Relationship _____

Name _____ Relationship _____

Parent/Guardian Signature _____ Date _____

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