



New Light Christian Church 2016  
 Summer Day Camp 9:00 am - 6:00 pm  
 Vacation Bible School 6:00 pm - 8:30 pm

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Allergies: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Number: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_

Emergency Contact:  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Who is authorized to pick up your child, other than stated guardian:  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Field Trip Release** Give consent for my child to attend the field trips on the following days.

Monday  Tuesday  Wednesday  Thursday  Friday

**Media Release**

Give consent to use my child's photo on the website, video or brochures.  
 Do not give consent to use my child's photo on the website, video or brochures.

**Medical Information:**

Insurance Carrier: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Name of Subscriber: \_\_\_\_\_  
 Insurance Identification Number: \_\_\_\_\_

**Medical Release:**

I \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_,  
 do authorize and consent to medical, surgical, and/or hospital care, treatment and procedure when deemed  
 immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. I waive  
 my rights of informed consent to such treatment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_