

# United Youth

 *First United Methodist Church of Jamaica*

## SUMMER CAMP REGISTRATION

### CHILD'S INFORMATION

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

T-Shirt size: Adult/Child \_\_\_\_\_ What date will your child report to camp? \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Mother or Guardian's Name \_\_\_\_\_

Contact Number 1 (\_\_\_\_\_) \_\_\_\_\_

Contact Number 2 (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Father or Guardian's Name \_\_\_\_\_

Contact Number 1 (\_\_\_\_\_) \_\_\_\_\_

Contact Number 2 (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

\_\_\_\_\_  
**PARENT/GUARDIAN'S SIGNATURE**

\_\_\_\_\_  
**DATE**

Referral Source:  Returning Participant  On-line  Banner  Word of Mouth  Other: \_\_\_\_\_