



# FRANKLIN AVENUE BAPTIST CHURCH

## 2022 SUMMER CAMP APPLICATION

### Child's Information – (Please Print Legibly)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Age \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: ( ) Male ( ) Female

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Parent's/Guardian's Information

Mother's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mother's Cell phone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

Father's Cell phone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_

### Name of One Emergency Contact other than Parent/Guardian

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Child's Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List All Allergies/Any Medical Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Physician: \_\_\_\_\_ Physician's contact #: \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

The following persons, other than those listed above are designated to pick my child up from camp:

<i>Name</i>	<i>Phone Number</i>	<i>Relationship</i>
1.		
2.		
3.		
4.		