



FRANKLIN AVENUE BAPTIST CHURCH

2025 SUMMER CAMP APPLICATION

(Please **Print** Legibly) - Child's Information

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: (____) _____

Email Address: _____

Name of One Emergency Contact other than Parent/Guardian

Name: _____ Phone # _____ Relationship: _____

Name of Child's Medical Insurance Company: _____

Policy Number: _____ Expiration Date: _____

List if your child has Allergies, Asthma, Consistent Nose Bleeds, any Physical or Medical Conditions:

Preferred Physician: _____ Physician's contact #: _____

Preferred Hospital (**in case of emergency**) _____

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.		