



806 Lincoln Avenue | Suffolk, Virginia 23434

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CAMPER INFORMATION

Last Name:	First Name:	Middle Initial:
Address:		
City:	State:	Zip
Does the camper have a cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No Cell phones will be set aside during camp hours especially during field trips. CHAMPS will not be held responsible for lost or misplaced cell phones.		Date of Birth
What school will your child attend in the fall?		Age
Grade to be enrolled in the Fall of this year		

PARENT INFORMATION

Please complete this section to the best of your knowledge. If you have more than one child for the program, you may complete one form with all children's names listed. (Please notify of any allergies for each child.)

Parent/Guardian's name(s) _____

What is the best contact number to reach you in case of an emergency? _____

Do you agree to receive text messages for announcements, disciplinary community, etc? ☐ Yes ☐ No

	Child's Name	Child's Date of Birth	Age	School/Grade

1. Does your child(ren) have any food allergies, concerns or preferences? ☐ Yes ☐ No

If yes, please provide detail

2. I would like my child(ren) to participate in outside field trips and movie activities ☐ Yes ☐ No

Preferences/Concerns? _____

Drop off and Pick up

Please list the names and contact number of the parent(s)/guardian(s) that will be dropping off and/or picking up your child(ren):

Name(s)	Contact Information

NEED TO KNOW!

- Breakfast and lunch will be provided daily.
- Please pack a change of clothes in case of emergency or if your child participates in outside water activities. (Bring a large clear ziplock bag to store; socks, shoes, undergarments, blouse, and bottoms)
- Children are expected to follow the church rules and expectations to participate. Consequences of not following rules and expectations will result in a behavior notice to the parent that will require a parent signature to return.
- Please bring a blanket and a pillow for nap/quiet time.

Parent/Guardian Signature

Date