

MT. JOY GIGGLE DAY CAMP

REGISTRATION FORM

2615 Taneytown Road, Gettysburg, PA 17325

Student's Name _____ Age _____ (as of July)

T-Shirt Size-Youth S M L XL, **Adult** S M L XL (**T-Shirts orders are Due by July 1st**)

Date of Birth _____ **Helper**, please check here (must be 12 or older) _____

Last School Grade Completed _____ **OR** Year Child Will Enter Kindergarten _____

Food/other allergies/medical concerns _____

Parent's Name(s) _____

Street Address _____

City _____ State _____ Zip Code _____

Phone: Home _____ Work _____ Cell _____

E-mail Address _____

Church Affiliation _____

Emergency Name/Phone during Day Camp _____

I give permission for my child to ride in a private car to Day Camp if necessary. YES _____ NO _____

I give permission for the GIGGLE staff to obtain medical help in an emergency. YES _____ NO _____

I give permission for my child to be photographed for the On Eagle's Wings Newsletter and/or the parish newsletter. YES _____ NO _____

Date _____ Signed _____ Relationship _____

We want to invite you and your child back to worship with us on the following Sunday after Giggle Camp at 10:30 a.m.. We will sing GIGGLE songs and present a **short** summary of what we have done in GIGGLE DAY CAMP.

Will your child be able to attend this service? YES _____ NO _____

If you have any questions, please call Church Office at 717-334-8585

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