

Park Ridge Free Methodist Church

10 Straub Road

Rochester, NY 14626

585-227-0990 - office@parkridgefmc.org - www.parkridgefmc.org

2008 Summer Camp Registration Form

(A separate form must be completed for each camper.

*Please return this form by or on
the first day of camp. Thank you!)*

Mini-Musicians and M.A.D. Camps - July 21-25

Vacation Bible School - July 28- August 1

Arts & Crafts - August 4-8

Registration Fee for Each Camp (except Vacation Bible School) - \$30.00 per child (\$75per family per camp)

PLEASE PRINT ALL INFORMATION

Child's Name _____
Last First Middle

Date of Birth ____ / ____ / ____ School _____ Grade _____

Street Address _____

City, State, Zip _____

Telephone _____ E-mail address _____

Church Affiliation _____

Parent/Guardian Name(s) _____

Street Address (if different from above) _____

City, State, Zip _____

Telephone _____

Emergency Contact _____
Name Relationship Phone

Name Relationship Phone

Please complete reverse side

PERMISSION FOR RELEASE OF CHILD TO NON-PARENT

My son/daughter _____ may be released to the following persons:

Name

Relationship

Name

Relationship

Signature of Parent or Guardian

Date

PHOTO PERMISSION

I give permission for photos of my child to be used in church publications.

Signature of Parent or Guardian

Date