



For children 5--12 years old
Cost: \$30 per child
Children must bring a sack lunch and dress for outdoor play & painting crafts

Grace Baptist Fellowship Church
 338 N Park Street, Lynden
 July 19-23, 2010 9am--3pm

Fill out for all children in the family who will be attending camp and send this, the medical release & your check to:
 Child Evangelism Fellowship
 P.O. Box 3137
 Ferndale, WA 98248

Names:

1. _____ grade _____
2. _____ grade _____
3. _____ grade _____
4. _____ grade _____

Head of the home: _____
Address: _____
Phone # _____ **e-mail** _____

Your children will need to bring a sack lunch each day & wear modest clothing
Special Comments: (things we need to know about your children?)

May we take pictures of your child for a camp slide show? ____ yes ____ no
 May we use them in future publications of CEF? ____ yes ____ no

Child Evangelism Fellowship's
"The Little Pilgrim's Expedition" Day Camp
Medical Release Form
(For your protection if child would need medical help while attending our Day Camp)

Family Name _____
 First Names of children:
 1. _____
 2. _____
 3. _____
 4. _____

Doctor's Name _____
 Doctor's Phone # _____
 Notify in case of emergency: _____ phone _____

In case of emergency, I understand that after every effort is made to contact me and if I can't be reached, I hereby give permission to the Day Camp Staff to secure the needed medical treatment. I agree to pay any costs that may be incurred.
 Family Insurance _____
 Policy # _____
 Signature of Parent/guardian: _____ date _____

Dates of last tetanus shot:
 1. _____ 2. _____ 3. _____
 4. _____
 Food or drug allergies? _____

CEF of Whatcom
County

P.O. Box 3137
 Ferndale, WA 98248
 380-5437

Please fill out the registration, medical release forms and \$ and mail them to the above address
 For more info call Natalie at 380-5437