

# GENERAL CHILD CARE FORM



Email form to [office@beartoothchristiancamp.org](mailto:office@beartoothchristiancamp.org)

## PARENT/GUARDIAN INFORMATION

First Name:

Last Name:

Week of camp you're serving:

Role you're serving in:

Email:

Phone:

## CHILD INFORMATION

### CHILD #1

First Name:

Last Name:

Age of Child:

Allergies:

Special Needs/Instructions:

## **CHILD #2**

**First Name:**

**Last Name:**

**Age of Child:**

**Allergies:**

**Special Needs/Instructions:**

## **CHILD #3**

**First Name:**

**Last Name:**

**Age of Child:**

**Allergies:**

**Special Needs/Instructions:**

## **CHILD #4**

**First Name:**

**Last Name:**

**Age of Child:**

**Allergies:**

**Special Needs/Instructions:**

## **CHILD #5**

**First Name:**

**Last Name:**

**Age of Child:**

**Allergies:**

**Special Needs/Instructions:**