

Go for the Gold

Kids' Camp

Presented by

The Episcopal Church in Almaden

408-268-0243

6581 Camden Ave. San Jose, CA 95120

Registration Form

June 10 – 14, 2024, 9 AM to 12 Noon

Children Kindergarten through 5th grade



Parents' Name: _____ Home Phone: _____

Address: _____ Daytime Phone: _____

City: _____ Zip: _____ Daytime Phone 2: _____

Preferred E-mail Address: _____

How did you hear about our Kids' Camp program? _____

1. **Child's Name:** _____ **Age:** _____ **T-shirt Size/ Youth** S M L XL

Birthdate: _____ **Grade Completed:** _____ **School:** _____

Medical Information (allergies, medications, etc.) _____

2. **Child's Name :** _____ **Age :** _____ **T-shirt Size/ Youth** S M L XL

Birthdate: _____ **Grade Completed:** _____ **School:** _____

Medical Information (allergies, medications, etc.) _____

3. **Child's Name :** _____ **Age :** _____ **T-shirt Size/ Youth** S M L XL

Birthdate: _____ **Grade Completed:** _____ **School:** _____

Medical Information (allergies, medications, etc.) _____

Please complete the second side of this registration form which includes a Kids' Camp Medical Release form, and information regarding our "closing ceremony."

Kids' Camp Medical Release

I give my permission for my child(ren) to attend the Kids' Camp at the Episcopal Church in Almaden on June 10-14, 2024. In the event of an emergency, I may be reached at:

Phone Number: 1) _____ 2) _____

Other emergency contact persons:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Primary Physician: _____ Phone: _____

Health/Hospitalization Insurance: _____ Policy/Group # _____

Address: _____ Phone: _____

In the event of an emergency where medical treatment is required, and I or named contacts are unable to be reached by phone, I authorize the church staff sponsors of this event to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency. (Please list any allergies, medications, or other medical information needed in an emergency situation for your child(ren) on the other side of this form.)

Signature of Parent/Guardian: _____ Date: _____

Computation of your costs:

- 1. Kids' Camp 9 AM – 12 Noon is a 5 day camp: \$55/child (After May 1st \$65/child)

Multiply by the number of children in your family attending: \$ _____
(\$120 max/family discount until May 1st)

Register online: www.churchinalmaden or

Make checks payable to: ECA (The Episcopal Church in Almaden) with Kids' Camp in the memo line.

Mail or deliver checks to: 6581 Camden Ave., San Jose, CA 95120

There will be a Family Olympics program on Friday, June 14 at 11:30 AM followed by lunch for all.

How many will be able to attend from your family? Adults _____ Children _____

Help us plan our menu. How many Hamburgers _____? How many Hot Dogs _____?

Veggie Burgers are also an option. How many would your family want? _____

Lunch will be provided free of charge for all.