



Encounter Summer Day Camp 2019

June 24th-July 25th

Monday-Friday, 10am-3pm



Y'all come out to the Farm this Summer!

Join the fun doing crafts, playing games, singing crazy songs,
making new friends, and having a great time!

The cost of Day Camp is only \$5.00 per day per child!

A non-refundable fee of \$20.00 per family is due at registration
and will be applied to the first week's fees.

Camp fees may be either paid weekly or daily.

You may also choose to pay in one payment at the beginning of camp.

Refunds will only be given if the balance is over \$10.00 at the end of SDC.

We will provide a morning and afternoon snack. Kids need to bring their own lunch.
A snack bar is provided and lunch can be purchased for a small fee.

Pre-register with Jessica at

Encounter Christian Church

10012 Ramona St. Bellflower Ca. 90706

Any Questions? (562)866-0791

nichole@encounterccb.org or check our website at
www.encounterccb.org



JUNE 24-JULY 25, 2019

Registration form

Encounter Christian Church **SUMMER DAY CAMP 2019**

10012 Ramona St. Bellflower Ca. 90706 (562)866-0791



Child's Name: _____ M ___ F ___ Grade: _____ DOB: _____

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Child's Name: _____ M ___ F ___ Grade: _____ DOB: _____

Home Address: _____ Apt #: _____

City: _____ ZIP CODE: _____

What school do your children attend? _____

Student lives with: ___ Mom ___ Dad ___ Both Parents (same house) ___ Both Parents (different house)
_____ Grandparents ___ Other

Mother's Name: _____ Daytime # _____

Email address: _____ Cell # _____

Father's Name: _____ Daytime # _____

Email address: _____ Cell # _____

What church, if applicable do you attend? _____ (if none, leave blank)

Does your child(ren) have any health/learning problems/allergies or are they taking any prescribed medication?
(ie allergies, asthma, ADD, ADHD, etc.) if so, please list: _____

Other than yourself, please list the names of the two people who are authorized to pick up your child(ren)

Name: _____ Phone: _____

Name: _____ Phone: _____

Doctor's name: _____ Phone: _____
although I give my permission in your discretion to call a doctor of your choosing

I certify that I am the parent/guardian of the aforementioned child(ren) and that I am entitled to his or her custody and control. I do hereby give my permission for the said child(ren) to be enrolled and participate in the activities, on and off campus, conducted by the Encounter Church Staff. I fully understand the risks associated with the participation of my child in this recreational activity program and do hereby voluntarily assume the risks. I obligate myself and said child(ren) to comply with all rules and regulations of the program.

Parent Signature

Date