

Aletheia Christian College Summer Camp Enrollment Form

Name of student: _____ Age: _____ Date of Birth (mm/dd/yyyy): _____

Address: _____

Name of Parent/guardian: _____

Address: _____

Phone: _____ Emergency contact: _____

Phone: _____

I give permission, in the case of emergency, for my son/daughter to be treated by a doctor at an emergency facility or hospital .

Parent/guardian signature: _____

Name of Insurance: _____

Policy number: _____

I agree to abide by the rules of the camp with the understanding that if I do not, I will be brought or sent home early.

Student signature required: _____

Registration Fee: \$25.00 Enclosed

Remaining camp fee: \$60.00 to be paid before the first day of camp.

Camp Dates: July 5th-9th

Registration deadline is July 1st

Please mail registration to:

Aletheia Christian College

401 6th Ave E

Twin Falls ID, 83301

Or bring the day of Camp.

If you need transportation to camp please call Rachel @ 208-539-5943 by July 1st

For directions to Camp Kumbayah call Nathan @ 208-490-0537

Registration at the camp site will open at 10:30am Tuesday morning, activities begin at 12:00pm sharp.