

Children born January 1, 2011 to June 30, 2018 are eligible to be campers. All campers and volunteers eligible to be vaccinated must show proof of vaccination (subject to change as the COVID-19 situation evolves).

Registration Deadline: June 26th, 2022

onoun:	Last Nam	ie
onoun:	ψ.	
	Τ.	
e: *		
	~	~
Month		Day
	e. 	~



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**Siblings Attending:** 

Provide the above	e information for each	additional sibling	
Vaccination S	tatus for each ch	ild attending (Full,	Partial, Under 5
A II		a alab ab all assass	/1° -4 °1° 11
Allergies, diet for each child)		ealth challenges:	(list individually
			10
Things we can	do to make your	child(ren) more c	omfortable at
_		aving a quiet spot	
			//
Parent/Guard	ian: *		
First Name	Last Name	Relationship	
Address			
Street Address			
Street Address Li			



City	Province	!		
Postal Code				
Home Phone:	*			
Area Code	-	Phone	Number	
Area Code		PHOHE	Number	
Cell Phone:				
Area Code		Phone	Number	
E-mail: *				
ex: myname@ex	cample.com			
Emergency Co	ntact *			
First Name	Last Name		Relationship	
Daytime Phone	e# *			
	_			
Area Code		Phone	Number	
Alternate Phor	ne#			
	-			
Area Code		Phone	Number	
Name of perso	ns picking up	child(r	en) *	
	. 3 2		•	



Daytime Phone # *	
-	
Area Code	Phone Number
Alternate Phone #	
-	
Area Code	Phone Number
How did you hear of this pro	ogram
Lutheran Church of the	Cross
St. Luke Cedar Hill	
St. George's Cadboro Ba	У
(Pre) School	
E-mail	
Advertising	
Friend	
Other	
I hereby consent to let my cl Journey Day Camp	hild participate in the Amazing
Yes	
☐ No	
I give permission for my chil	d to be photographed/video recorded
Yes	
No	

I will pay the camp registration fee by



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By cash or cheque (to be dropped off at any of the participating	າg					
churches). Cheques to be made payable to Lutheran Church of the Cross. Please write "Amazing Journey" on the memo line.						
Signature						
Clear						
Submit Print Form						