

# K - 5<sup>th</sup> KINGDOM SAFARI Explorers



Childs Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ zip \_\_\_\_\_

Home phone \_\_\_\_\_

Email \_\_\_\_\_

Did you attend  
our camp last year?

(please circle)

yes / no

Last grade completed \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

work phone: \_\_\_\_\_ work phone: \_\_\_\_\_

Parish: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

t-shirt size: YM YL S M L XL (Please circle one)

Please share with us any special needs or concerns for your child (e.g. food allergies, physical, emotional or other)

\_\_\_\_\_  
\_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Cash \_\_\_\_\_ Chk# \_\_\_\_\_