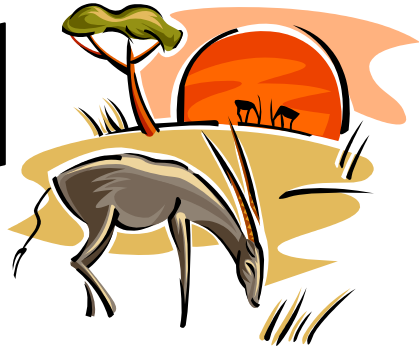


Pre-K KINGDOM SAFARI SCOUTS



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 (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# _____