

ST. JOHN THE BAPTIST ORTHODOX CHURCH

ST JOHN THE BAPTIST
Coptic Orthodox Church
2024 Summer Camp
June 24th – August 1st
Monday, Wednesday & Friday
Registration Form

CHILD'S NAME:		
DATE OF BIRTH:	GRADE this school year:	. , .
ADDRESS:		
CITY:	ZIP:	
HOME PHONE:		
FATHER'S NAME: FATHER'S PHONE NUMBERS:		
WORK: CELL:		
MOTHER'S NAME:		
MOTHER'S PHONE NUMBERS:		
WORK: CELL:		

CAMP DAYS & HOURS: 9:00 am – 5:00 pm, June 24th – August 1st.

MWF, Except for the last week, Monday, Wednesday, and Thursday.

LITURGY DAYS: Children MUST be dressed appropriately, NO Shorts, bring a 2nd set of outfits to change into, after, if they want.

Pick up no later than 5:00 pm. Please plan accordingly.

*Camp fee: \$150.00 Per Child



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MEDICAL INFORMATION

NAME OF PHYSICIAN: PHONE:		
POLICY NUMBER:		
	IRCUMSTANCES REGARDING THE PARTICIPANT: ANY CHILD WITE BRING ALL MEALS AND JUCIES FROM HOME.	
I,	(parent or legal guardian) give my permission for to attend the 2024 St John the Baptist Summer Camp at St John the	
Baptist Coptic Church loca	ed at 7851 Riviera Blvd. Miramar, FL 33023 from June 24th- August 1st, 2024 , and trips and the activities included. (A schedule of the camp program and field trips	
1. I hereby give my p	mission for medical attention to be given to my son/daughter in the event of injury, realize that I will be contacted at the earliest possible moment in case of such	
States, and any other	ohn the Baptist Church, The Coptic Orthodox Diocese for the Southern United parties, including but not limited to chaperones, teachers, students, drivers, and ility in case of accident or injury.	
Signature of parent or le	al guardian: Date:	