



**REGISTRATION (CAMPER & COUNSELORS)
2007 Summer Camps at St. Stephen's Church**

Please complete both sides and mail with check to:
St. Stephen's Church
Post Office Box 97
Belvedere, CA 94920

For more information please contact
Sylvia at (415) 435-4501 x14 or sylvia@ststephenschurch.org

Please Indicate Your Selections with an "X":

I am registering a CAMPER

I am applying as a COUNSELOR

<p><input type="checkbox"/> Vacation Bible School: "Avalanche Ranch" June 25-29, 2007 9 AM-Noon (Snack included) Ages 3-10</p> <p>Cost: \$55 per child ("Early Bird" before 3/15: \$45)</p> <p><input type="checkbox"/> I am including a donation of \$_____ to help campers send stuffed bears & Bibles to AIDS orphans in Africa</p>	<p><input type="checkbox"/> Camp Create! August 6-10, 2007 9 AM-1:30 PM (Lunch included) Ages 6-11</p> <p>Cost: \$200 per child ("Early Bird" before 3/15 and siblings: \$175)</p> <p><input type="checkbox"/> Extended morning: 8:30-9:00 AM (add \$30)</p> <p><input type="checkbox"/> Extended afternoon: 1:30-5:30 PM (add \$120)</p> <p><input type="checkbox"/> St. Stephen's members can "bring a friend for free" (not including extended care) if registered before 3/15. Please indicate if you are registering with a friend, and attach your friend's completed registration to this form</p>
<p>• Full & partial scholarships available: Contact Sylvia at (415) 435-4501 x14 or sylvia@ststephenschurch.org</p> <p><input type="checkbox"/> Check enclosed (amount: _____; check # _____)</p>	

Child's Name: _____

Birthdate: _____ Entering Grade (Fall 2007) _____

Address: _____

City/Zip: _____

Parent/Guardian: _____

Signature: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parental Permission and Medical Form (for campers & counselors)
St. Stephen's Church

_____ has my permission to attend activities with leaders from
(name of young person)

St. Stephen's Church.

I understand the activities will be under the supervision of one or more adult leaders approved by the church. I waive any claim against the church, and its approved leaders.

In case of medical emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the adult leader to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child named above.

Please list the following, if applicable:

(1) Medical Insurance carrier: _____
(Company Name)

(Policy Number)

(2) Family doctor or clinic: _____

(3) Food drug or allergies: _____

Date	Parent/Guardian Signature	Phone
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In case the above cannot be reached, please call:

Name	Phone
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Name	Phone
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