

**CENTRAL MANOR CHURCH SPIRIT WEEK
REGISTRATION FORM
20_____
Central Manor Camp Woods
6:00 PM – 8:30 PM
Entering Kindergarten through Grade 4**

Parent Information

Parent/Guardian Name(s): _____

Mailing Address: _____

Home Phone: _____ Cell Phone/s: _____ / _____

e-mail address: _____

Church your family attends (if any): _____

In case of emergency (when the parent/guardian cannot be reached) the church should contact:

Name: _____

Phone:; _____ Relationship to child: _____

The person responsible for picking up child/children at the end of each camp day is:

Name: _____ Phone: _____

Student Information

1. Child's Name _____ Gender _____

Grade Last Completed _____ Child's T-shirt size _____ Date of Birth _____

Camp Choice (Please select one): Soccer Drama

2. Child's Name _____ Gender _____

Grade Last Completed _____ Child's T-shirt size _____ Date of Birth _____

Camp Choice (Please select one): Soccer Drama

3. Child's Name _____ Gender _____

Grade Last Completed _____ Child's T-shirt size _____ Date of Birth _____

Camp Choice (Please select one): Soccer Drama

Please enclose a registration fee of \$15.00 per child. Return the fee along with the Registration Form and Medical Release Form to the church office at the address below.

Central Manor Church
387 Penn Street
Washington Boro, PA 17582
717-872-2772
office@centralmanorchurch.org

Date Received _____
Check No. _____
Cash _____
Amount Paid _____