

# RCM KIDS 2023

Child's name \_\_\_\_\_

Grade Completed \_\_\_\_\_ Cabin # \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_

Parents' names \_\_\_\_\_

Home Address \_\_\_\_\_

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

Email Address \_\_\_\_\_

Responsible person at RCM \_\_\_\_\_

Relationship to student \_\_\_\_\_ Cell phone (AT CAMP) \_\_\_\_\_

Food allergies Y N List: \_\_\_\_\_

Medical concerns

Y N Explain: \_\_\_\_\_

Family doctor \_\_\_\_\_ Doctor's phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Siblings attending RCM (names and ages) \_\_\_\_\_

HOME CHURCH: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Photo Consent – I give permission for photos of my child to be used for RCM publications. YES NO

RCM KIDS (EVENING SERVICE) ONLY -

☐ Please hold my child at the end of the service. I will pick them up PROMPTLY.

STAFF ONLY:

Paid

Notes: