

RCM KIDS 2025

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: