DAY CAMP-APPLICATION

**Please print and mail application to:**

* All Nations Center
* P.O. Box 187
* Wapato, WA  98951

(You may also bring it to the office)

ALL NATIONS CENTER DAY CAMP

**AGES 6 - 17**

Parent/Guardian Name

Address

Phone

Child’s Name                          Age         Gender       Allergy, yes or no

Child’s Name                          Age         Gender       Allergy, yes or no

Child’s Name                          Age         Gender       Allergy, yes or no

Child’s Name                         Age         Gender       Allergy, yes or no

      *Spiritual lessons, Crafts, Health, Swimming, Water Fight/Games, Hiking, Community Outreach*

*Breakfast, Lunch and a Snack Included*

PERMISSION FOR OFF-SITE ACTIVITIES

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

give permission for my child,

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to travel to the off-site activities under the supervision of the All Nations Center Day Camp Staff.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                    Date

**Are you willing to have your children’s’ images shared in advertising?**

Yes\_\_\_\_\_\_\_

No\_\_\_\_\_\_\_