



Celebration Kid's Ministry 2024 Summer Registration

Family Information

Child's Information

Name _____ Date of Birth _____

Home Address _____

City _____ State _____ ZIP _____

Gender Male Female Child's Grade Entering 2024-2025 _____

Please note any special health needs, medications, or allergies your child might have:

Parents' Information

Mother's Name _____

Father's Name _____

Home Phone _____

Home Phone _____

Home Address _____

Home Address _____

Driver's License # _____

Driver's License # _____

Date of Birth _____

Date of Birth _____

Company Name _____

Company Name _____

Occupation _____

Occupation _____

Business Phone _____

Business Phone _____

Cellular Phone _____

Cellular Phone _____

Email _____

Email _____

Marital Status: (check one) Married Separated Divorced Widowed Single

If Divorced or Separated who has legal custody? _____

With whom does the child reside? _____

Church Affiliation

Celebration Church

I actively participate in the Sunday Ministries of Celebration Church.

Other Church Name _____ Denomination _____

I am not affiliated with a church.

Local Emergency Contacts (These people are authorized to pick-up your child and will be called if necessary in an emergency or if your child is not picked up by 6PM.)

Name _____ Relation _____
Address _____ Phone # _____

Name _____ Relation _____
Address _____ Phone # _____

Celebration Kid's Ministry Summer 2024 Weekday Fee Schedule Activity Fee \$150.00

Regular Monthly Attendance

Weekly Camp Registration \$250 Per Week
Please Circle Week/Weeks
\$250 Per Week

Please Select One of the following

- 5 Days- \$650.00 (M-F)
- 3 Days -\$520.00 (W-Th)
- 2 Days -\$445.00 (T&Th)

OR

June 10th-14th- Spirit Week

June 17th-21st- Super Week

June 24th-28th- God Bless America Part 1

July 1st-3rd- God Bless America Part 2

July 8th-12th- God's Great Adventure

July 15th-19th- VBS Week SCUBA

July 22nd-26th- Summer Olympics

July 29th-August 2nd- Super Summer Wrap Up

Parent/Legal Guardian Signature: _____ Date _____

Parent/Legal Guardian Signature: _____ Date _____

Office Use Only

Date registration was received: _____

Registration fee received: yes no billed

Registration fee paid by: cash on-line _____ or check # _____

Status

Group placement: _____

Waiting list #: _____