

# *Animal Kingdom Camp*

## **TO REGISTER:**

Complete and tear off the registration form and mail it to:

***Kim Dial***

***BJUMC***

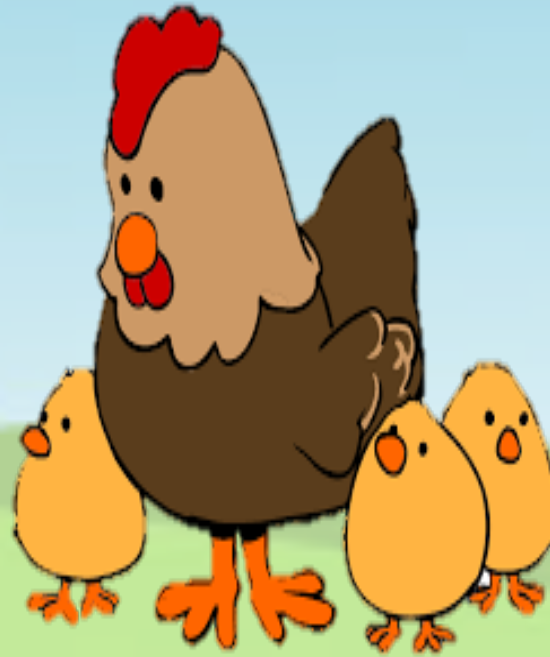
***22 S. Finley Ave***

***Basking Ridge, NJ 07920***

Your attendance is confirmed unless you hear from us.

Forms and fee are due by:

**June 15, 2018**



## **'Barnyard Bash'**

**Come join us for an exciting adventure through God's barnyard world**

## **IMPORTANT THINGS!**

- Space is limited.
- Cost is \$175 per week and \$325 for two weeks
- 10% off second child
- Fee is non-refundable
- Make all checks payable to BJUMC

### **Kim Dial**

*Director of Children and*

*Family Ministry*

**Bishop Janes UMC**

**22 S. Finley Ave**

**Basking Ridge, NJ 07920**

**kim.dial@bjumc.org**

**908-766-1108**

**July 9-13**

**July 16-20**

**9AM – 12PM**

**Bishop Janes**

**United Methodist Church**

**22 S. Finley Ave**

**Basking Ridge, NJ 07920**

**www.bjumc.org**



# Registration Form Animal Kingdom Camp



Come join us for an exciting adventure through God's awesome barnyard world

Students will be amazed to discover and learn about God's magnificent barnyard creatures-including horses, sheep, goats, rabbits, and even some baby chicks!

The students will have time to play with the animals each day and classroom presentations with a farmer to learn more about the animals.

### Three age groups:

3 years

4 years

5-7 years



Fee: \$ \_\_\_\_\_ (Check payable to BJUMC)  
 Parent/Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Emergency Cell: \_\_\_\_\_  
 Doctor: \_\_\_\_\_  
 Doctor Phone: \_\_\_\_\_  
**Week(s) Attending:**  
 \_\_\_\_\_ July 9-13 \_\_\_\_\_ July 16-20

**Medical Emergency Release** In the event that I or the emergency contact cannot be reached in an emergency, I give permission to the physician selected by the Animal Kingdom Camp or her/his designee (we will first try to contact your child's doctor) to hospitalize, secure proper treatment for and to order injection, anesthesia or life saving surgery for my child.

\_\_\_\_\_  
 Parent/Guardian Signature                      Date

**Photo Release**

I give permission for my child's photograph to appear on the BJUMC website or any materials for the church Animal Camp. I understand that my child's name cannot be used with the photograph.

\_\_\_\_\_  
 Parent/Guardian Signature                      Date

Name	Age	Birth date 00/00/00	Last Grade Completed	Medical Concerns/ Allergies