



**Please return registration form and payment to:**

**Address:** Hide and Seek Day Camp  
885 Marvin Land Lane  
Canton, GA 30115

**Phone:** 770-720-0005

**Website:** [www.hideandseekdaycamp.net](http://www.hideandseekdaycamp.net)

**Email:** [info@hideandseekdaycamp.net](mailto:info@hideandseekdaycamp.net)

**2010 REGISTRATION FORM**

Camper last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Preferred name \_\_\_\_\_

Date of Birth     /    /     Age \_\_\_\_\_ Gender:  Male  Female

School Attending \_\_\_\_\_

**Emergency Contacts**

Parent/Guardian

Name \_\_\_\_\_ Family Email Address \_\_\_\_\_

Home Street \_\_\_\_\_ Home City \_\_\_\_\_ Home State \_\_\_\_\_ Home Zip \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Name \_\_\_\_\_ Family Email Address \_\_\_\_\_

Home Street \_\_\_\_\_ Home City \_\_\_\_\_ Home State \_\_\_\_\_ Home Zip \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Other Contacts**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Number \_\_\_\_\_

Does your child have health insurance? If yes please list insurance information.

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



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Are there any person(s) NOT authorized to pick up your child? If so please list their name(s).

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Is your child currently taking any medications? If yes please list with dosage and time.

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Does your child have any emotional or physical needs, including allergies, that would limit participation in activities? If yes please list.

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How did you hear about Hide and Seek Day Camp?

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Complimentary T-shirt (Please indicate size)

Youth: S M L XL

Adult: S M L XL

**Group Requests**

Please group with the following child (enter camper name) \_\_\_\_\_

Camper must be in the same grade and must mutually request each other for us to honor request. Based on availability.

**Rates**

Please select session(s) your camper would like to attend (\$125 per camper per session):

Camp: 9 am - 3pm

- Session 1: June 7 - 11
- Session 2: June 14-18
- Session 3: June 28 - July 2
- Session 4: July 5-9
- Session 5: July 12-16
- Session 6: July 19-23

Number of weeks	_____	x\$125 =	_____
Pre Camp Weeks	_____	x\$5 =	_____
Post Camp Weeks	_____	x\$10 =	_____
Total Amount*			_____

**Pre and Post Camp Available:**

Pre Camp: 7 am - 9am \$5 per week

Post Camp: 3pm - 6 pm \$10 per week

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Pre-camp 1: June 7-11</li> <li><input type="checkbox"/> Pre-camp 2: June 14-18</li> <li><input type="checkbox"/> Pre-camp 3: June 28- July 2</li> <li><input type="checkbox"/> Pre-camp 4: July 5-9</li> <li><input type="checkbox"/> Pre-camp 5: July 12-16</li> <li><input type="checkbox"/> Pre-camp 6: July 19 - 23</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Post-camp 1: June 7-11</li> <li><input type="checkbox"/> Post-camp 2: June 14-18</li> <li><input type="checkbox"/> Post-camp 3: June 28 - July 2</li> <li><input type="checkbox"/> Post-camp 4: July 5-9</li> <li><input type="checkbox"/> Post-camp 5: July 12-16</li> <li><input type="checkbox"/> Post-camp 6: July 19-23</li> </ul> |
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**\*Make registration checks payable to SEEK Ministries.**

Mail registration forms and checks to: 885 Marvin Land Lane, Canton, GA 30115.