

**MOUNTAINVIEW CHRISTIAN CAMP**  
**Parent Registration Form for First Chance Camp**  
**One Parent per Child able to Attend**

1. Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  2. Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_ Date of Baptism \_\_\_\_\_
  3. Summary of Education Background (schools, colleges, degrees, etc.) \_\_\_\_\_  
\_\_\_\_\_
  4. Summary of Camp Experience \_\_\_\_\_  
\_\_\_\_\_
  5. Physical or emotional handicaps you need assistance with \_\_\_\_\_
  6. Special qualifications, abilities, certifications \_\_\_\_\_
  1. Please notify in case of emergency
  2. Phone  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  8. Any chronic or recurring illness you want the nurse or medical facility to be aware of if you become unable to speak for yourself? \_\_\_\_\_  
If so, explain: \_\_\_\_\_  
Presently on Medication: All medications must be locked in infirmary. We cannot have them in the dorms. \_\_\_\_\_  
Allergies: \_\_\_\_\_  
\_\_\_\_\_
  9. Names & addresses of two (2) character references:  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_
  10. Have you ever been convicted of or accused of child abuse, or any crime involving children? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_
- Signed: \_\_\_\_\_ Date \_\_\_\_\_