



FirstKidz Care Camp Registration



Kidz' Name _____

Age _____ Going into Grade Level _____

Parent/Guardian Name(s) _____

Address _____

Cell Phone(s) _____

Email(s) _____

I agree that my child may be photographed. Image may be used for FUMC Azle print or electronic advertising or publicity: Yes, you may photograph _____

No, please don't photograph _____

Is there any information we need to know about your child? **Food Allergies?**

