



2023 Summer Camp Registration Form (여름학교 등록원서)

※ Must fill out one application per child (두명 이상의 자녀분이 계실 경우 각자 등록 신청서를 따로 작성하셔야 합니다)

Student Name (이름)			
DOB (생년월일): / / (mm/dd/yy)		() Grade in September 2023 금년 9 월에 올라갈 학년	
Gender (성별): 남 M 여 F			
Address (주소)			
Parent/Guardian Information (부모성명)	Mother/Guardian (어머니/보호자):		Father/Guardian (아버지/보호자):
	Home # (집)/Work # (직장):		Home # (집)/Work # (직장):
	Cell # (핸드폰):		Cell # (핸드폰):
	E-mail:		E-mail:
Emergency Contact (긴급 연락처)	Name (성명)	Contact # (전화번호):	Relationship (관계):
	Name (성명)	Contact # (전화번호):	Relationship (관계):
Siblings attending this summer school (여름학교 출석 형제)	Name (성명)	Grade (학년):	DOB (생년월일):
	Name (성명)	Grade (학년):	DOB (생년월일):
Church Attending (출석교회)	1) Church (교회): _____ 2) <input type="checkbox"/> Not attending any church (교회 안 다님)		
Registration (등록)	T-Shirt Size Check One: <input type="checkbox"/> Small (6-8) <input type="checkbox"/> Medium (10-12) <input type="checkbox"/> Large (14-16) <input type="checkbox"/> Other: _____		
	Please make checks payable to: FGCS		
	There are no refunds on tuition		

PARENTAL/GUARDIAN RELEASE AND PERMISSION

I, _____, as the legal guardian of above named child, release, absolve and hold harmless Promise Church, its teachers, volunteers, staff, and directors in case of any incident that may occur in relation to Promise Church Summer Camp.

I give my child permission to attend Promise Church Summer Camp and participate in all activities and will comply with the mask mandates. I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or videos of the student registered above. I also grant the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I understand, according to Promise Church Summer School refund policy, that there are absolutely **NO REFUNDS** on camp registration, tuition and/or fees.

I have read this release and permission and approve of its terms.

Parent/Guardian Signature (보호자 서명): _____ Date (날짜): _____

Date Received	Payment	Waiver Form	Medical Record
/ /2023	Amount: \$	/ /2023	/ /2023
For Office Use:			



Promise Church
 130-30 31st Ave., Flushing, NY 11354
 (718) 461-4409

ALL STUDENTS MUST HAVE RECENT NYC HEALTH FORM COMPLETED BY PHYSICIAN/DOCTOR IN ADDITION TO THIS FORM

PROMISE CHURCH SUMMER CAMP 2023
 SUPPLEMENTAL MEDICAL FORM

Child's Name: _____ Grade: _____
 Date of Birth: _____ Age: _____
 Phone: _____

I, _____ (print guardian's name), give permission to Full Gospel New York Church Summer Camp to administer the following first aid items in case of emergencies and daily temperature checks before entering camp to _____ (print child's name).

x _____

Guardian's Signature

Please check all that may be administered to your child:

<input type="checkbox"/>	Digital Thermometer
<input type="checkbox"/>	Alcohol Swabs
<input type="checkbox"/>	Anti-Itch Ointment
<input type="checkbox"/>	Gauze Pads
<input type="checkbox"/>	Antibiotic Ointment
<input type="checkbox"/>	Skin Lotion
<input type="checkbox"/>	Hydrogen Peroxide
<input type="checkbox"/>	Pepto-Bismol
<input type="checkbox"/>	Cough Syrup
<input type="checkbox"/>	Bandages
<input type="checkbox"/>	Ice Bag
<input type="checkbox"/>	Tylenol
<input type="checkbox"/>	Ibuprofen



Promise Church
130-30 31st Ave., Flushing, NY 11354
(718) 461-4409

Please **complete** the following items, as appropriate.

Medical Condition(s):

Medications currently being taken by your child:

Allergies/Reactions:

EMERGENCY MEDICAL CONDITIONS:

Signs/symptoms to look for:

If signs/symptoms appear, do this:

To prevent incidents:

Other special medical procedures that may be needed:

Comments: