



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)

## 2011 REGISTRATION FORM

Camper last name	First name	Middle initial	Preferred name
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Date of Birth / /	Age	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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School Attending

**Emergency Contacts**  
Parent/Guardian

Name	Family Email Address
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Home Street	Home City	Home State	Home Zip
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Home Number	Work Number	Cell Number
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Name	Family Email Address
------	----------------------

Home Street	Home City	Home State	Home Zip
-------------	-----------	------------	----------

Home Number	Work Number	Cell Number
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**Other Contacts**

Name	Relationship	Home Phone	Cell Phone
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Name	Relationship	Home Phone	Cell Phone
------	--------------	------------	------------

Name	Relationship	Home Phone	Cell Phone
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Physician's Name	Physician's Number
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Does your child have health insurance? If yes please list insurance information.



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## 2011 REGISTRATION FORM - page 2

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

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

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

How did you hear about Hide and Seek Day Camp?

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 (\$100 or \$125 per camper per session):

Camp: 9 am - 3pm

<input type="checkbox"/> Session 1: May 31 - June 3 (4 day) \$100	\$100 or
<input type="checkbox"/> Session 2: June 6 - 10 \$125	Number of weeks x\$125 = _____
<input type="checkbox"/> Session 3: June 13-17 \$125	
<input type="checkbox"/> Session 4: June 27 -July 1 \$125	Pre Camp Weeks x\$10 = _____
<input type="checkbox"/> Session 5: July 5- 8 (4 day) \$100	
<input type="checkbox"/> Session 6: July 11-15 \$125	Post Camp Weeks X\$15 = _____
<input type="checkbox"/> Session 7: July 18-22 \$125	
	Total Amount* _____

**Pre and Post Camp Available:**

Pre Camp: 7 am - 9am \$10 per week

Post Camp: 3pm - 6 pm \$15 per week

- |   |  |
|---|--|
| <input type="checkbox"/> Pre-camp 1: May 31-June 3    | <input type="checkbox"/> Post-camp 1: May 31 - June 3  |
| <input type="checkbox"/> Pre-camp 2: June 6- 10       | <input type="checkbox"/> Post-camp 2: June 6 - 10      |
| <input type="checkbox"/> Pre-camp 3: June 13-17       | <input type="checkbox"/> Post-camp 3: June 13 - 17     |
| <input type="checkbox"/> Pre-camp 4: June 27 - July 1 | <input type="checkbox"/> Post-camp 4: June 27 - July 1 |
| <input type="checkbox"/> Pre-camp 5: July 5-8         | <input type="checkbox"/> Post-camp 5: July 5-8         |
| <input type="checkbox"/> Pre-camp 6: July 11 - 15     | <input type="checkbox"/> Post-camp 6: July 11 -15      |
| <input type="checkbox"/> Pre-camp 7: July 18-22       | <input type="checkbox"/> Post-camp 6: July 18-22       |

**Girls Camp**

**June 15-17**

**1 mini camp X \$75 = \_\_\_\_\_**

**Pre-camp X \$10 = \_\_\_\_\_**

**Post-camp X \$15 = \_\_\_\_\_**

**Total Amount\* \_\_\_\_\_**

**\*Make registration checks payable to SEEK Ministries.**

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