

Morning Glory
 Christian Fellowship
 3405 Atlantic Blvd.
 Jacksonville, FL 32207
 (904) 887-2929
 Kevin M. Jolly, Pastor
 Evang. Sarhonda Jolly



All-Stars 4 Christ Summer Camp 2011



Summer Camp Registration Form

Non-Refundable Registration Fee: \$20.00

Mother's First Name: _____ MI: _____ Last Name: _____
 Address: _____ Phone Number: _____
 Work Phone: _____ ext. _____ Employer: _____
 Cell Phone: _____ email: _____

Father's First Name: _____ MI: _____ Last Name: _____
 Address: _____ Phone Number: _____
 Work Phone: _____ ext. _____ Employer: _____
 Cell Phone: _____ email: _____

Emergency Contact First Name: _____ Last Name: _____
 Address: _____ Phone Number: _____
 Work Phone: _____ ext. _____ Employer: _____
 Cell Phone: _____ email: _____
 (Must be someone other than a parent and must be within 15 minutes of the Camp Complex)

List the first name, last name and grade of all children you have enrolled in our program.

1.	Grade:	2.	Grade:
3.	Grade:	4.	Grade:
5.	Grade:	6.	Grade:

Early Drop Off/Late Pick Up \$15.00 per family/per week
 Yes or No

Please list any known allergies below.

1.	2.
3.	4.
5.	6.

Doctor's Name: _____ Doctor's phone number: _____
 Hospital in which my child may be transported to in the event of an emergency: _____

Signature of Parent/Guardian: _____ **Date:** _____

Purpose: To train our youth to be All – Stars for Christ in every area of their life.