

**Registration Form for  
St. John on the Mountain Summer Camp  
June 26 - June 30, 2017 from 9:30-12:00  
for Children ages 3 - rising 4th graders \$60\***



**Kids will learn, create, and have fun!**

**Join us for sports, games, science experiments, snacks, Bible stories, and crafts!**

**Youth volunteers are also needed.**

**Rising 5th Grade (and up) volunteers are needed to make camp a success! Credit for community service hours for school, scouts, and/or honor societies is available.**

**Please fill out one form per family, making sure to provide all medical information. Be sure to include t-shirt size for each participant (including volunteers) on the back of this page.**

**The deadline for registration is May 26th. Registration after the May 26th deadline is subject to availability and will incur a \$25 late registration fee.**

**Please return this form and your payment (made out to St. John on the Mountain) to:  
St. John on the Mountain, 379 Mount Harmony Road, Bernardsville, NJ 07924**

**Parents' Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Physician's Phone:** \_\_\_\_\_

**In case of emergency, contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I understand that in the event that medical treatment is required, every effort will be made to contact me.  
However, if I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed  
physician to provide the care necessary.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Name\_\_\_\_\_Date of Birth\_\_\_/\_\_\_/\_\_\_ M / F Grade (Fall 2017)\_\_\_\_\_

Allergies:\_\_\_\_\_ Medications:\_\_\_\_\_

Other Notes:\_\_\_\_\_

T-Shirt Size: **YOUTH** XS S M L XL **ADULT** S M L XL

Name\_\_\_\_\_Date of Birth\_\_\_/\_\_\_/\_\_\_ M / F Grade (Fall 2017)\_\_\_\_\_

Allergies:\_\_\_\_\_ Medications:\_\_\_\_\_

Other Notes:\_\_\_\_\_

T-Shirt Size: **YOUTH** XS S M L XL **ADULT** S M L XL

Name\_\_\_\_\_Date of Birth\_\_\_/\_\_\_/\_\_\_ M / F Grade (Fall 2017)\_\_\_\_\_

Allergies:\_\_\_\_\_ Medications:\_\_\_\_\_

Other Notes:\_\_\_\_\_

T-Shirt Size: **YOUTH** XS S M L XL **ADULT** S M L XL

**Please include with your registration, \$60\* for each child participating with a family cap at \$150.**

**Registration fees for camp at St. John on the Mountain cover just the costs of purchasing supplies and materials for fun and learning for your children. To keep costs low, we rely on parent and community volunteers.**

### CONSENT STATEMENT

I give my permission for SJOTM to use any picture in which my child appears:

- ☐ in print
- ☐ on its website
- ☐ decline

Signature of Parent/Guardian:\_\_\_\_\_ Date:\_\_\_\_\_

**\*Scholarships available**

**For more information, please contact Lynn Mitchell at [lynnmitchell@sjotm.org](mailto:lynnmitchell@sjotm.org)**