



# **CAMPER REGISTRATION FORM**

Which camp are you registering for?: \_\_\_\_\_

Childs Full Name: \_\_\_\_\_  
(Surname) (First name)

Boy / Girl (please circle) Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Caregivers Full Name: \_\_\_\_\_  
(Surname) (First name)

\_\_\_\_\_  
(Surname) (First name)

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

My child would like to be bunked with: (1) \_\_\_\_\_

(2) \_\_\_\_\_

May El Rancho and PSSM Bible Discovery ([www.pssm.org](http://www.pssm.org)) send follow up materials to your child if he or she requests to receive them? Yes / No

### ***SPECIAL NEEDS:***

To ensure maximum care for your child, please advise of any special needs, eg. health, emotional and physical needs, giving details such as diets, allergies, medication, bedwetting, behavioural difficulties etc. Also, **please notify us of any person who should not have legal access to your child whilst at camp.**

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## **EMERGENCY CONTACTS:**

*Please provide details of two people who will be available for the duration of camp in the event that El Rancho staff cannot get hold of the parent/caregiver.*

**1. Full Name:** \_\_\_\_\_

(Surname)

(First name)

**Relationship to child:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**2. Full Name:** \_\_\_\_\_

(Surname)

(First name)

**Relationship to child:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

### **FEES:**

**Enclosed Full Fee:** \$ \_\_\_\_\_

**I have made payment by Direct Credit**

**El Rancho Bank Details:** 02 0591 0013486 00 (Please use child's name as reference)

**Signed** \_\_\_\_\_ **(Parent/Caregiver)**

*If registering through an agency (eg, CYFS, Barnardos, Birthright) please provide agency and case worker details below:*

**Agency:** \_\_\_\_\_

**Case Worker:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

*The information on this form will be used by El Rancho staff for administration, medical treatment and mailing of material related to El Rancho and its programmes*

**To secure a place for your child please return this form completed and signed to: El Rancho Kids Camps, PO Box 58, Waikanae 5250**