

Hendersonville Christian Academy

355 Old Shackle Island Road
Hendersonville, TN 37075
615-824-1550 Fax 615-590-3025

OFFICE USE

Registration Date _____
Registration Paid _____ ck# _____
Birth Certificate _____ Immunization _____

2019 Camp Crusader Registration Form

CAMPER INFORMATION:

Please print all information on this form.

First Name _____ Last Name _____ M.I. _____ Preferred Name _____

Date of Birth _____ Age _____ Last Grade Completed _____

Returning Camper Yes _____ No _____ T-Shirt Size _____

If your child's picture is taken, do we have permission to publish on social media or website? Yes _____ No _____

What school does your camper attend? _____

The following items are not used for acceptance purposes.

Gender: Male _____ Female _____ U.S. Citizen Yes _____ No _____

PARENT INFORMATION:

Father's Name _____ Mother's Name _____

Child Lives with (check one) Both Parents _____ Father only _____ Mother only _____

Marital Status _____ Other _____ (Describe Relationship) _____

Address (child's residence) _____

City _____ State _____ Home Phone _____

Father's Employer _____ work _____ cell _____

Email _____

Mother's Employer _____ work _____ cell _____

Email _____

MEDICAL AND EMERGENCY INFORMATION:

Child's Physician _____ Phone _____

Have all required immunizations been administered? Yes _____ No _____ Date of last Tetanus _____

