



BELLEVIEW CHRISTIAN SCHOOL

Camp Bellevue Application - 2017

PARENT/GUARDIAN LAST NAME _____

Student(s) Full Name to be Enrolled	Birthdate	Fall Grade	Returning Camper
1. _____	M/F _____	_____	Yes or No
2. _____	M/F _____	_____	Yes or No
3. _____	M/F _____	_____	Yes or No
4. _____	M/F _____	_____	Yes or No

FATHER /GUARDIAN'S NAME _____ **SSN** _____

Address _____

City _____ State _____ Zip _____ DOB _____

Phones: Cell _____ Email _____

Employer _____ Phone _____

Employer Address _____

Marital Status () married () widowed () divorced () separated () remarried () single

MOTHER /GUARDIAN'S NAME _____ **SSN** _____

Address _____

City _____ State _____ Zip _____ DOB _____

Phones: Cell _____ Email _____

Employer _____ Phone _____

Employer Address _____

Marital Status () married () widowed () divorced () separated () remarried () single

Please list up to three names (other than mother/father/guardian) of those authorized to pick up your child(ren).

Name _____ **Phone** _____

Relationship _____

Name _____ **Phone** _____

Relationship _____

Name _____ **Phone** _____

Relationship _____

Medical Information:

Which hospital you would like your child to be sent or check closest*:

Hospital Name: _____ **Ph #** _____

Hospital Address: _____ **City:** _____

_____* Closest Hospital: North Suburban Medical Center 9191 Grant Street, Thornton, CO 80229 (303) 451-7800.

Doctor/Clinic: _____ **Ph #** _____

Address: _____ **City:** _____

Medical or Allergies: _____

Dentist/Clinic: _____ **Ph #** _____

Address: _____ **City:** _____

