

*“Children are our future...We must strive to mold them to think correctly,
to judge rightly and to have the heroism to live up to their convictions.”*



Chinmaya Mission Bakersfield

CHINMAYA GOKUL

1723 Country Breeze Place, Bakersfield, CA 93312

Phone: (661) 201-4541 / (661) 528-0000

Youth Camp 2024 Registration Form July 15 - July 19, 2024 | Time: 8:30 AM – 4:30 PM Daily

Child's Information (Ages 4-18):

Name: _____ Age: _____ (As of 6/1/24) Grade (Entering 8/24) _____

Name: _____ Age: _____ (As of 6/1/24) Grade (Entering 8/24) _____

Name: _____ Age: _____ (As of 6/1/24) Grade (Entering 8/24) _____

Parent Information:

Parent Name: Last: _____ Home Phone: _____

First (Father) _____ (Mother) _____ Cell (both parents): _____

Office Phone: _____ Email: _____

Address: _____

City: _____ State, Zip _____

Emergency Contact _____ Phone: _____

Other Details:

Attending Full Camp Partial: (Dates attending camp): _____

Child's Hobbies: _____

Parent Willing to Volunteer: Yes No

Pediatrician Name & Phone: _____

Dates available: _____

Areas to help: Food Sports Arts/Crafts

Classroom helper Publicity Lunch sponsor

Any History of Allergy, Food Allergies/Medical Problems: _____

Registration Fee: \$175 per child (before May 31), \$190 per child after May 31 (maximum \$450 per family).

Amount enclosed _____

Check No. _____

Today's Date: _____

Parent Signature: _____

For office use only: Paid by: Check (Check # _____) Cash Mobile _____ To be Paid