First United Methodist Church
217 South Church Street
Salisbury, NC 28144
704-433-6679

Date Received _____
Registration Fee Paid _____
Non-refundable $25

Summer Day Camp Child Enrollment Application

Name of Child_____Birthdate_____
(Last) (First) (MI) (Nickname)

Address_____

_____

Family Information

Mother/Guardian's Name_____ Home Phone_____
Address_____ Cell Phone_____
Place of Employment_____ Business Phone_____

Father/Guardian'sName_____ Home Phone_____
Address_____ Cell Phone_____
Place of Employment_____ Business Phone_____

Insurance Carrier_____ Policy #_____

What school will your child attend in the next school year?_____ Grade Level_____

Does your child have any known allergies: No_____ Yes_____
Explain_____
Please give any information concerning your child which will be helpful in his/her experience in a group setting (such as play, eating, sleeping habits, special likes/dislikes, and fears) _____
_____

Emergency Care Information

Name of Child's Doctor_____ Office Phone_____
Address_____
Name of Child's Dentist_____ Office Phone _____
Address_____
Hospital Preference_____ Phone_____
If neither mother or father (or guardian) cannot be contacted, please list those to be contacted:
Name_____ Relationship_____ Phone_____
Name_____ Relationship_____ Phone_____
If you are unable to pick your child up and cannot call, please give the names of those to whom child can be released:
_____
_____

I agree that the operator may authorize the physician of his/her choice to provide emergency medical care in the event that neither the family physician nor I can be contacted immediately.

Signature of Parent/Guardian_____ Date_____

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency, a responsible adult will supervise other children in the facility. I will not administer any drug/medication without specific instructions from the child's physician, parent or guardian. Provisions will be made for adequate and appropriate rest, outdoor play and meals.

Signature of Operator_____ Date_____

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summercamp@fumcsalisbury.org

Summer Camp Child Information Sheet

(Please fill out a form for each child in your family attending camp)

Name of Child_____

Camp T-Shirt Size (Circle one) **Youth Small** **Youth Medium** **Youth Large**
Adult Small **Adult Medium** **Adult Large**

Parent/Guardian E-mail Address_____

_____

Parent/Guardian Cell Phone Number_____**Text? Yes / No**

_____**Text? Yes / No**

Allergies_____

Medical problems we should be aware of _____

_____

_____

My child takes the following medication(s) _____

_____

_____

My child takes the following medication(s) during program hours_____

_____

_____

_____

****If your child will need to take any type of medication during program hours, please ask for a medication request form before they arrive in the program.****

By signing below, you give permission for your child to attend all field trips through the summer.

Parent Signature_____

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2018 Summer Day Camp Child Attendance Request Sheet

(Please fill out a form for each child in your family attending camp)

Name of Child_____

My child will attend summer camp on the following weeks (first come sign up):

If a week is full, you will be notified and placed on a waiting list for that week.

_____**June 11-15**

_____**June 18-22**

_____**June 25-29**

July 2 - 6 CLOSED

_____**July 9-13**

_____**July 16-20**

_____**July 23-27**

_____**July 30- August 3**

_____**August 6-10**

_____**August 13-17**

_____**August 20-24**