



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's Name _____ 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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2019 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 10-14**

_____ **June 17-21**

_____ **June 24-28**

July 1 - 5 CLOSED

_____ **July 8-12**

_____ **July 15-19**

_____ **July 22-26**

_____ **July 29- August 2**

RSS students return to school on August 7.

The After School Care Program will start on August 7.