

First United Methodist Church
Mom's Day Out Summer Camp
June 21-July 15, 2021
M-Th 9:00-2:30

Date _____

Child's Name _____

Birth Date _____

Age as of June 1, 2021 _____ yrs. _____ mos.

Grade entering in the Fall _____

Home Address _____

Email _____

Home Phone _____

Mother's Name _____

Work Phone _____

Cell Phone _____

Father's Name _____

Work Phone _____

Cell Phone _____

Church Affiliation _____

Preferred Phone number during camp hours: _____

Office Use Only:

Age as of June 1, 2021

___ Come & Play One (12 –22 mo.)

___ Come & Play Two (23 –29 mo.)

___ Come & Play Three (30 - 35 mo.)

___ Sugar Cookies (3 yrs – 3 yrs. 8 mo.)

___ Sugar & Spice (3 yrs. 9 mo. – 4 yrs. 2 mo.)

___ Cupcakes (4 yrs. 3 mo. – 4 yrs. 9 mo.)

___ Stars & Stripes (rising kindergarteners)

___ Awesome Athletes (rising 1st graders)

___ Creative Campers (rising 2nd graders)

___ Young Chefs (rising 3rd, 4th, & 5th graders)

Registration/Supply Fee: \$45.00

Summer Camp Tuition: \$250.00

_____ Paid Registration Fee

_____ Paid Tuition

All classes are M, T, W, Th 9:00 a.m.-2:30 p.m.

CHECK OUT/EMERGENCY CONTACT INFORMATION:

Persons to be contacted in case of emergency if parents cannot be reached: **(Must be local)**

1.) Name _____

Phone Number _____ Relationship _____

2.) Name _____

Phone Number _____ Relationship _____

3.) Name _____

Phone Number _____ Relationship _____

Please note: A driver's license or photo I.D. will be required to pick up a child.

HEALTH INFORMATION:

Allergies: _____

Other medical conditions of which we should be aware: _____

Child's Doctor _____ Phone number _____

My child has permission to be given minor first aid. _____ YES _____ NO

In the event that none of the persons listed on this registration form can be reached at the time of an illness or accident, I, _____, as the parent or guardian of _____ who is a minor child enrolled in Mom's Day Out Summer Camp at First United Methodist Church, Enterprise, AL authorize the Director of the Mom's Day Out Summer Camp Program to take my child, _____, to a medical facility for emergency treatment. I give my consent for any and all necessary treatment when my child is in this individual's care.

Parent/Guardian Signature

Date

All classes are M, T, W, Th 9:00 a.m.—2:30 p.m.

Additional item needed to complete registration packet:

- Up-to-date Alabama shot record.