

First United Methodist Church
Mom's Day Out Summer Camp
June 20-July14, 2022
M-Th 9:00-2:30

Date _____

Child's Name _____

Birth Date _____

Age as of June 1, 2022 _____ yrs. _____ mos.

Grade entering in the Fall _____ (If school age)

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, 2022

___ Come & Play One (11 -21mo.)

___ Come & Play Two (22 -29 mo.)

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

___ Little Stars (3 yrs - 3 yrs. 8 mo.)

___ Bubbles(3 yrs. 9 mo. - 4 yrs. 2 mo.)

___ Rainbow (4 yrs. 3 mo. - 4 yrs. 9 mo.)

___ Stars & Stripes (rising kindergarteners)

___ Firecrackers (rising 1st graders)

___ Creative Campers (rising 2nd graders)

___ Boll Weevils (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 _____

Please place a check mark by the items below to indicate agreement, fill in any blanks and sign at the bottom.

____ I, _____, give permission for my child _____'s picture to be printed in the newspaper and/or face book should the opportunity present itself.

____ I _____, give permission for my child _____ to ride in a stroller around the perimeter of the Enterprise First United Methodist Church property with their teachers and classmates. (applicable to 11 mo 21 mo only).

All classes are M, T, W, TH 9:00—2:30

Additional item needed to complete registration packet:

- Up-to-date Alabama shot record.