

Eli's Place Summer Camp Registration

Child's Name _____ Sex _____ Date of Birth _____

Home Address _____ City/State/Zip _____

Home Phone _____ Mother's Cell _____ Father's Cell _____

Father's Name _____ Mother's Name _____

Father's Email _____ Mother's Email _____

Father's Place of Employment/Occupation _____

Mother's Place of Employment/Occupation _____

Family's Church Affiliation _____

This child may be released to the person signing this agreement or to the following:

Name _____ Address _____

Telephone Number _____ Relationship to child _____

Physical Description _____

Name _____ Address _____

Telephone Number _____ Relationship to child _____

Physical Description _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name & Phone # _____

Name & Phone # _____

Child's doctor or clinic name _____ phone number _____

My child has the following special needs _____

My child has the following illnesses, allergies or health concerns _____

(CONTINUED ON BACK)

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____, born on (date of birth) _____, suffer an injury or illness while in the care of Eli's Place at Wesley Monumental United Methodist Church and they are unable to contact me (us) immediately, they are authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Parent/Guardian Signature _____ Date _____

Printed Name _____

Photos/Digital Images

Photos will be taken during Summer Camp and may be used in Wesley Monumental UMC promotions, including brochures, website, and social media.

Parent/Guardian Signature _____ Date _____

1. Please check **one**:

_____ My child will attend on Mondays & Wednesdays (2 and under)

_____ My child will attend Tuesdays & Thursdays (2 and under)

_____ My child will attend Monday, Tuesday, Wednesday & Thursday (2 through Pre-K)

2. **The first three weeks of camp are full.** If you would like to register for any of the remaining weeks, please check the weeks you would like for your child to attend and mail or hand deliver the form to 429 Abercorn Street or you can email the completed form to charli@wesleymonumental.org. Registration forms will be processed in the order they are received. We will contact you by email to let you know if there is space available for your child and to let you know what fees are due.

			(Office Use Only)		
Theme of the Week	Camp Dates	Fees & Forms Due	Date Paid	Check #	Amount Paid
FULL Eric Carle's Art & Stories	June 3 – 6	May 17			
Bugs & Butterflies FULL Under 3 only	June 10 – 13	May 17			
FULL "Fine Arts" Adventure	June 17 – 20	May 17			
_____ Wacky Water Week	June 24 – 27	June 14			
_____ NO CAMP	July 1 – 4		NO CAMP	NO CAMP	NO CAMP
_____ Around the World	July 8 – 11	June 14			
_____ Christmas in July	July 15 – 18	June 14			
_____ Fun with Food	July 22 – 25	July 12			
_____ Weird Science	July 29 – August 1	July 12			
_____ Fairy Tales	August 5 – 8	July 12			

Registration forms and fees must be turned in by the due date to secure your child's place in camp.