



A United Methodist Congregation

Summer Camp Registration Form 2021

Student's Name: _____ DOB: ____/____/____

Grade Completed 2020-21 school year: _____ School: _____

Student Lives with: _____ Both Parents _____ Mom _____ Dad _____ Guardian

Student Address: _____ City: _____ Zip: _____

Home Phone #; _____/_____-_____

Any Known Allergies? _____ Yes _____ No

If "YES" please tell us what the student is allergic to ANYTHING and what we need to know. Does the student require the use of an EPI-PEN?

Does student have any known medical condition that would exclude them from full participation in our activities? _____ NO _____ YES (If yes, please tell us more.) _____

Does your child take any medication on a regular basis that will need to be administered during Camp hours? _____ YES _____ N). If yes, please list medication here and bring it with you along with a Doctor's prescription in the bottle that it was prescribed in . Please tell us when it needs to be administered.: _____

Is student Gluten intolerant? _____ YES _____ NO

Is student Dairy intolerant? _____ YES _____ NO

If yes to either of those two items please tell us more. WE try to accommodate those needs at snack time, but we need to know what is and isn't allowed.: _____

Tell us a little about your child that will help make it easier for us to give them the best day possible. Do they have any fears or sensitivities that we should know about? Do they have any behavior issues or concerns that you have a special way of handling? These things will help us help your kids. We want to do all we can to help them have a great summer!

May we take pictures of your child that will be used in craft projects and in our church media sites? _____ YES _____ NO. (If no, your child may be excluded from certain activities.)

May your child watch PG movies? (Remember, FROZEN is rated PG): _____ YES _____ NO

If child is injured and it is necessary to call 911, we will. We will also contact you immediately. Please tell us your child's Doctor's name: _____

And your health insurance information. (Include policy #): _____

PARENT / GUARDIAN INFORMATION:

Mother's Name: _____

Father's Name: _____

If student does not live with both parents or if there is joint custody, please provide the address of the parent whose address IS NOT listed on page 1.):

_____ ZIP: _____

Mother's Cell Phone#: _____/_____-_____ Mother's Work # _____/_____-_____

Mother's Email Address: _____ Employed By: _____

Father's Cell Phone# _____/_____-_____ Father's Work #: _____/_____-_____

Father's Email Address: _____ Employed By: _____

EMERGENCY CONTACT INFORMATION: Please tell us who we can call in the event your child becomes ill or is injured and we cannot reach you. The person you list must be 18 years of age or older, and bring picture ID with them to pick up your child. **We will not release your child to anyone not on this list and changes to it can not be made over the phone, but may be made in-person.**

Name: _____ Phone: _____/_____-_____

Alternative phone: _____-_____ Relationship to child: _____

Name: _____ Phone: _____/_____-_____

Alternative phone: _____-_____ Relationship to child: _____

Name: _____ Phone: _____/_____-_____

Alternative phone: _____-_____ Relationship to child: _____

Name: _____ Phone: _____/_____-_____

Alternative phone: _____-_____ Relationship to child: _____

Name: _____ Phone: _____/_____-_____

Alternative phone: _____-_____ Relationship to child: _____

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