

**Roswell United Methodist Church  
Parents' Morning Out Registration Form  
Summer Camp 2018  
3 & 4 yr. olds**

**Registration & Craft Fee (non-refundable): \$50.00**

**One to three days per week \$30 per day - T W Th F (circle preferred days & check week[s] below)**

\_\_\_\_\_ **June 5-8** \_\_\_\_\_ **June 12-15** \_\_\_\_\_ **June 26-29** \_\_\_\_\_ **July 10-13** \_\_\_\_\_ **July 17-20**  
\_\_\_\_\_ **July 24-27** \_\_\_\_\_ **July 31- August 3**

**Tues-Fri - \$110 per week -** \_\_\_\_\_ **June 5-8** \_\_\_\_\_ **June 12-15** \_\_\_\_\_ **June 26-29** \_\_\_\_\_ **July 10-13**  
\_\_\_\_\_ **July 17-20** \_\_\_\_\_ **July 24-27** \_\_\_\_\_ **July 31- August 3**

**Currently Enrolled in Preschool:** \_\_\_\_\_  
**RUMC Member:** \_\_\_\_\_

**Siblings of Enrolled in Preschool:** \_\_\_\_\_  
**General Public:** \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Name called** \_\_\_\_\_

**Home Phone** (\_\_\_\_) \_\_\_\_\_ **DOB** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Address** \_\_\_\_\_  
Street City State Zip

**Mother's Name** \_\_\_\_\_ **Business Phone** (\_\_\_\_) \_\_\_\_\_

**E-mail Address** \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_\_

**Employer** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Business Phone** (\_\_\_\_) \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_ **Cell Phone** (\_\_\_\_) \_\_\_\_\_

**Employer** \_\_\_\_\_

**Are there any medical, (i.e. allergies, etc.) developmental, emotional concerns or any special procedures required for the care of your child?**

**Emergency Medical Contact:**

\_\_\_\_\_  
Child's Doctor Phone

**Local Emergency Contact: (non-parent)**

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Name	Home Phone	Cell or B business Phone
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Name	Home Phone	Cell or B business Phone
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**Authorized Pickup: (non-parent)**

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Name	Home Phone	Cell or Business Phone
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Name	Home Phone	Cell or Business Phone
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I hereby authorize Roswell United Methodist church to take my child to the nearest medical facility for treatment in the event of an emergency when neither parent can be reached.

I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency on which noted physician cannot respond.

I, \_\_\_\_\_, parent(s)/guardian(s) of the above participant do hereby consent to his/her participation in the above program. In consideration of Roswell United Methodist Church conducting the above program, I do hereby release Roswell United Methodist Church and the program, including all officials, officers, sponsors, organizers, supervisors, volunteers, participants, and all other agents, of any and all claims, demands, rights, and causes of action of whatever kind and nature, arising from and by reason of, and all known and unknown, foreseen and unforeseen, bodily and personal injuries, damages to property, and the consequences thereof, resulting from his/her participation in the program and all activities incidental to the program.

**Tuition-**

Payment must be made **prior** to dropping off child the first day of each week.

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Signature

Date

**FOR OFFICE USE ONLY**

Immunization form \_\_\_\_\_

Registration fee paid \_\_\_\_\_

Check # \_\_\_\_\_

# **Summer Schedule 2018**

June 5-8

June 12-14

June 26-29

July 10-13

July 17-20

July 24- 27

July 31 – August 3