

**Roswell United Methodist Church
Parents' Morning Out Registration Form
Summer Camp 2019
3 & 4 yr. olds**

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

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

____ June 4-7 ____ June 11-14 ____ June 25-28 ____ July 9-12 ____ July 16-19
____ July 23-26 ____ July 30 – August 2

Tues-Fri - \$110 per week

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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)

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)

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.

Signature

Date

FOR OFFICE USE ONLY

Immunization form _____

Registration fee paid _____

Check # _____