



# First Kids SUMMER DAY CAMP Enrollment



Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Number \_\_\_\_\_

Child's Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address(s) (Please Print Clearly) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Cell Number \_\_\_\_\_

Mother's Work Place \_\_\_\_\_ Mother's Work Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Cell Number \_\_\_\_\_

Father's Work Place \_\_\_\_\_ Father's Work Number \_\_\_\_\_

**Give name of person to be called in case of an emergency if parent / guardian cannot be reached.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

I hereby authorize FUMC Sealy to allow my child to leave the preschool facility ONLY with the following persons. If I cannot contact you or the emergency person, then I will contact an authorized person.

**Authorized Person** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Authorized Person** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

\*\*\*\*\*IMPORTANT!! \*\*\*\*\* Please list or indicate NKA or type of allergies or illnesses.

List any special problems that your child may have, such as allergies, existing illness, previous illness, injuries the past 12 months, and medications prescribed for a long-term continuous use, and any other information that staff should be aware of such as special needs. \_\_\_\_\_

My child's immunizations are current. ( ) Yes ( ) No

Is your child toilet trained? Yes or No

Check the boxes of the days you would like to attend: \$25 per day or pay \$100 for all FIVE camps! (NO REFUNDS)

Wednesday, June 15 (\$25)     Wednesday, June 29 (\$25)     Wednesday, July 13 (\$25)

Wednesday, July 27 (\$25)     Wednesday, Aug 3 (\$25)

**Water Activities:** (Wading Pools or other bodies of water provided by the facility) I hereby ( ) give ( ) do not give consent for my child to participate in water activities: Parent Comment \_\_\_\_\_

**Field Trip:** (Leaving the church building to walk across the street to Levine Park) I hereby ( ) give ( ) do not give consent for my child to walk to the park: Parent Comment \_\_\_\_\_

May we have permission to photograph your child? ( ) Yes ( ) No

May we have permission to use your child's photograph for the purpose of promotion? ( ) Yes ( ) No

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Send or drop off registration form and fees to Joanna Kruzel @ First United Methodist Church, 200 Atchison, Sealy, TX 77474. NOTE: Upon receipt of your registration form, and fee, your child will be secured a place in the program. This will be done on a first come first, served basis. If we receive your registration and the class is already full, we will place your child on a waiting list.