



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 14 (\$25) ☐ Wednesday, June 28 (\$25) ☐ Wednesday, July 12 (\$25)

☐ Wednesday, July 26 (\$25) ☐ Wednesday, Aug 2 (\$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.