



**Child Information:**

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Needs/Accommodations: \_\_\_\_\_

**Parent / Guardian Information**

Parent/Guardian #1 Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Emergency Contact (if parent cannot be reached)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized to pick-up child: \_\_\_\_\_

**Medical & Safety Information**

Physician Name/Hospital : \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Medical conditions/medications: \_\_\_\_\_

**Emergency Medical Permission:**

I \_\_\_\_\_ give my permission for Southport United Methodist Church to call the listed physician, relative, friend to accompany my child to the above-named hospital in case of emergency, if I cannot be reached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Tuition and Fees:

Summer Registration: **\$75**

(Registration fees are non-refundable and due at registration)

Tuition: **\$200.00 per week:** Tuition fee includes all extra activities fees. We can accept Cash, Check, EFT (Electronic Money Transfer), credit card, or through the Procure app. There will be a \$25 fee for funds not available. Tuition is due the Friday before the week of camp.

Tuition is due whether your child is present for all sessions (8 weeks) or out for vacation or sick days during those 8 weeks.

**Two weeks written notice to the office is required before withdrawing a child** in order to avoid paying subsequent week's tuition. If you are late picking up your child after class, the charge is \$5.00 per every 15 minutes. This fee is due when you pick up your child.

**Summer camp will be closed July 3<sup>rd</sup> (4<sup>th</sup> of July).**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Field Trip & Activity Permission:

My child may participate in walking field trips and camp activities associated.

YES  NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent Notice

I understand that this childcare ministry is not licensed under the laws of Indiana. However, I understand that this childcare ministry complies with the state rules concerning sanitation & fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the childcare ministry. I have read & understand this agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This notice does not absolve a childcare ministry from liability for injury to a child while the child is at the childcare ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the childcare ministry or an employee of the childcare ministry.

### Office Use Only

Registration Received

Payment

Procure

Physical/Shot Record

Notes: \_\_\_\_\_