

## Snellville United Methodist Church Preschool & Kindergarten 2018 Summer Camp Registration Form

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Child's First Name      Middle Initial      Last Name      Date of Birth      Age as of 9/1/2017

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Home Address      City      State      Zip Code

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Mother's Name      Cell Phone      Work Phone      Email

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Father's Name      Cell Phone      Work Phone      Email

**There is a \$30 Registration fee for Summer Camp (\$15 for siblings). Siblings attending the same weeks will receive a \$5.00 discount. Camp hours are 9:30 am-1:30 pm. Parents are required to escort children to and from their classroom and sign their child in and out. Pick up is at 1:30 pm and a late fee of \$1.00 per minute will be charged for late pick-ups after 1:35 pm. Changes and cancellations must be made in writing two weeks prior to the start of the session to receive a refund. No refunds will be given for absences.**

Week	Theme	M-F \$100	T/W/Th \$75	Tuition Due
June 4-8	Superheroes			May 18, 2018
June 11-15	Outer Space			May 18, 2018
June 18-22	Amazing Animals			May 18, 2018
June 25-29	Sports & Games			May 18, 2018
July 9-13	Fun with Food			June 22, 2018
July 16-20	Splish Splash			June 22, 2018
July 23-27	STEAM Week			June 22, 2018
July 30-Aug 3	Hawaiian Luau			June 22, 2018

**Allergies: Health Problems/Issues or other important information we need to be aware of.**

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**Please list any food restrictions:**

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**Medical Information**

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Doctor      Office Number

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Dentist      Office Number

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Medical Insurance                      Insured Name                      Policy/Group Number                      Phone Number

### Authorized Adults to Pick-Up

In accordance with Georgia Law, we must have on file the names and telephone numbers of the individuals permitted to pick-up your child from our program. Individuals who present themselves to claim your child, who have not been authorized by you, will not be allowed to leave with your child. Please list any person's information who is authorized to pick-up your child. For the safety of your child, we reserve the right to ask for a driver's license for identification purposes at pick-up. I understand that my child will not be released into the custody of any person who is not listed below.

Name	Relationship to Child	Cell Phone
Name	Relationship to Child	Cell Phone
Name	Relationship to Child	Cell Phone

### Assigned Carpool Tag #

### Release of Liability Waiver

Snellville United Methodist Church Preschool & Kindergarten reserves the right to cancel or withdraw a registration based on improper behavior and conduct of child participant and/or parent. In consideration for allowing my child to participate in programs and other activities at or sponsored by Snellville United Methodist Church (the "Church") and further in consideration of the Church allowing me and my child to enter and use the facilities owned, leased or otherwise provided by the Church (the "Facilities") undersigned, for myself and for my child and his/her parents, heirs, assigns, personal and legal representatives and estate, fully and completely releases, discharges and holds harmless the Church, and its directors, trustees, officers, employees, agents, insurers, instructors, coaches, caregivers, and volunteers (collectively "its agents and employees") from any and all claims, actions, causes of action, and damages of any kind whatsoever, including but not limited to claims for personal injury or property damage, arising out of my child's participation in any program or activity at the Church or the Facilities. The undersigned acknowledges and recognizes there are inherent risks involved in certain activities or recreational activities at the Church and the Facilities and the undersigned and my child assumes the risk of any injury sustained while at the Church or at the Facilities. The undersigned agrees to indemnify, defend and hold harmless the Church and its agents and employees from any and all claims arising out of my child's participation in any program or activity at the Church or the Facilities, even if such claim arises as a result of a negligent act or omission of the Church or its agents and employees.

I realize that in case of an emergency, Snellville United Methodist Church Summer Camp Staff will make every reasonable effort to contact the parents. Should this not be possible, I give permission for emergency treatment to be given by the hospital to which my child is taken.

I have read and agree to the aforementioned policies. I have read and agree to the Summer Camp Guidelines.

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

### PHOTOGRAPH WAIVER FORM

I give consent for my child to be photographed while participating in class activities and for the resulting images to be used by Snellville United Methodist Church Preschool & Kindergarten for promotional purposes.

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