

FIRST UNITED METHODIST SUMMER CAMP 2018  
REGISTRATION FORM

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ LAST GRADE COMPLETED: \_\_\_\_\_

FOOD/MEDICINE ALLERGIES: \_\_\_\_\_

CONCERNS WE SHOULD KNOW ABOUT YOUR CHILD: \_\_\_\_\_

\_\_\_\_\_

MOTHER=S NAME: \_\_\_\_\_ HOME NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FATHER=S NAME: \_\_\_\_\_ HOME NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OTHER PEOPLE ALLOWED TO SIGN OUT CHILD  
OR TO BE CALLED IN AN EMERGENCY:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_

CHILD WILL ATTEND CAMP \_\_\_\_\_ WEEKLY \_\_\_\_\_ DAILY

EMERGENCY RELEASE FORM ON THE BACK  
NEEDS TO BE NOTARIZED

MEDICAL RELEASE

NAME OF CHILD PARTICIPANT \_\_\_\_\_

FULL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MEDICAL INSURANCE CARRIER \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

PLEASE LIST ANY MEDICAL ALLERGIES, MEDICATIONS BEING TAKEN, MEDICAL PROBLEMS OR OTHER PERTINENT INFORMATION: \_\_\_\_\_

\_\_\_\_\_

I UNDERSTAND THAT, IN THE EVENT MEDICAL TREATMENT IS REQUIRED, EVERY EFFORT WILL BE MADE TO CONTACT ME. HOWEVER, IN THE EVENT I CANNOT BE REACHED, I GIVE MY PERMISSION TO AN ADULT REPRESENTATIVE OF FIRST UNITED METHODIST CHURCH OF SPRING HILL TO SECURE THE APPROPRIATE AND NECESSARY CARE FOR MY CHILD.

(Parent or Legal Guardian...To be signed in presence of Notary)

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

TO BE COMPLETED BY A NOTARY PUBLIC

State of Florida, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ date of \_\_\_\_\_, 2018 by (print name) \_\_\_\_\_ who is personally known to me, or has produced (a type of identification) \_\_\_\_\_ and did not take an oath.

Notary Public Signature \_\_\_\_\_

Name of Notary (Print) \_\_\_\_\_

My Commission expires: \_\_\_\_\_

My Commission Number is: \_\_\_\_\_

(NOTARY SEAL)

**First United Methodist Church**  
**9344 Spring Hill Drive**  
**Spring Hill, FL 34608**  
**352-683-2600 x 2016/2015**

## SUMMER CAMP 2018

**DATES:** Monday through Friday, June 4 through August 10, 2018  
**Closed Wednesday, July 4th - Independence Day**

**TIMES:** 6:30 am to 6:00 pm

**AGES:** 4 years through 5<sup>th</sup> grade.

**RATES:** \$25.00 Registration Fee Per Child

**WEEKLY:** \$75.00 - 1<sup>st</sup> Child    **DAILY:** \$25.00  
\$70.00 - 2<sup>nd</sup> Child  
\$65.00 - each additional child

Children may arrive and depart at any time between 6:30 am and 6:00 pm.

The registration form, registration fee, and the notarized medical release form must be submitted to the church office before enrollment will be verified. Fees should be paid by cash, check, or money order and made payable to: **First United Methodist Church**. **Please put the child=s name and dates of attendance on the memo line.**

All weekly fees are due in the A.M. on the first day of attendance. All daily fees are due in the a.m. of each day of attendance. If the fee is not received by the p.m. pick-up, the child cannot be accepted for future attendance until paid. **If paying cash you must have the correct amount as we cannot make change.**

Children shall be signed in and out daily. For your child=s protection, please bring one form of identification when signing out your child. **NO ONE WILL BE ALLOWED TO SIGN OUT YOUR CHILD WITHOUT PROPER IDENTIFICATION AND NAME ON FILE.** Please keep us informed as to who is allowed to sign out your child. If a parent is restricted from signing out a child, please attach the proper legal document.

Please include extra drinks for snack time. Lunchtime is at noon and snack times are offered at approximately 10:00 am and 2:00 pm. It is suggested that your child wear closed-toed shoes. Tennis shoes are preferred. Sandals may be worn on water days.

No medication or allergy treatment is allowed at camp without a note from a doctor; and medicine must be in a container with medical label. This will be held and distributed from Ms. Pat=s office. Any child with a contagious illness will not be accepted. If a child becomes ill at camp, the parent will be called for immediate pick-up.

Children may not bring toys, games, or electronic devices from home, except on Friday=s. We will allow special times for video games, which must be approved by the Camp Director.

Outside groups will be bringing in programs (both educational and fun). There will be water days on the campus on Tuesdays and Thursdays, Bible lessons, singing, crafts and the children will be working on some kind of play or special program for Camp=s last week for the parents. Also, our puppets will be performing and the children will have the opportunity to work with puppets themselves during special class times. In addition, we will have outdoor recreation when weather permits and, on rainy days, will have game days inside. When possible, field trips will be planned.

(over)

**ALL CHILDREN REGISTERED FOR THE WEEK OF JULY 23 – July 27 WILL BE REGISTERED TO ATTEND VACATION BIBLE SCHOOL** (here at the church from 8:30am - 12 noon.). The Summer Camp Staff will transfer them from the Camp to Bible School and back to the Camp.

Parents/Guardians are responsible for the child=s personal accident insurance. The staff and organization of First United Methodist Church are not responsible for the child=s personal accident or injury insurance.

### **DISCIPLINE POLICY**

The staff of First United Methodist Summer Camp will use positive discipline techniques such as rewards and consequences. The staff will keep parents aware of any serious discipline problems. Any child who is not able to follow the program guidelines will be Awritten-up@. Parent will be given copies of the write-up. Parents may also be called at home or work if a severe discipline problem occurs, which may result in the immediate pick-up of the child. These measures make the program safe and enjoyable for all.

Thank you for sharing your child with us this summer. If you have any questions or concerns please call Ms. Pat’s office (683-2600 x 2016 /2015) and they will direct your call to the proper person.

IF THERE IS AN EMERGENCY AND YOU CAN NOT GET THROUGH TO THE NUMBER ABOVE, OR IF THE CHURCH OFFICE IS CLOSED, YOU MAY CALL MS. PAT ON HER CELL PHONE, 352-346-9420.

**Breakfast and Lunch will be  
Provided FREE by Hernando County.**

